

# Carers Queensland

## Individual Client Details Form



Being a member of Carers Queensland Inc. means you will be part of an organisation that is committed to improving the quality of life of all carers throughout Queensland.

Contact information					
Client ID no.:		Membership no.:			
First name:		Preferred name:			
Surname:		Gender:		Female      Male	
Address:					
Postcode:					
Postal:      same as above					
Postcode:					
Phone no.:			Mobile no.:		
Other contact details: e.g. fax					
Email:				Date of birth:	
How did you find out about Carers Queensland?		Self referral		Family or friend	
Mental health facility		Rehabilitation facility		Hospital	
Medical/Health service		Palliative care facility		Media	
Respite Centre/Carelink		Aged care facility		HACC services	
Other (please state):					
Personal details					
Role of client:		Carer—primary		Carer—support	
		No longer caring		Non-carer or paid carer	
Marital status:		Never married		Married/De-facto	
		Divorced		Widowed	
				Separated	
Cultural background					
Background:		Aboriginal		Torres Strait Is.	
		Both		Non-English speaking culture	
				English culture	
Country of birth:		Australia		Other (please state):	
				Year of arrival in Australia:	
Preferred language:		English		Other (please state):	
				Interpreter required:      Yes      No	
ONLY CARERS TO COMPLETE THE DETAILS BELOW					
Family, home and caring situation					
Accommodation:		Own home		Private rental	
		Public rental		Other (please state):	
Support from family or friends? (select as many as apply)		Mother		Father	
		Wife/Partner		Husband/Partner	
		Daughter		Son	
		Female friend		Male friend	
		No support		Other (please state):	
Department of Veteran's Affairs Card?		Gold card		White card	
		Other DVA card		No card	
Employment:		Not working		Casual work	
		Full time		Part time	
		Other (please state):			
Main income source:		Govt pension		Paid employment	
		No income		Other (please state):	
Government pension or benefit? (select as many as apply)		No pension or benefit		Aged Pension	
		Carer Payment		Carer Allowance	
		Disability Support		Unemployment related pension	
				Veteran's Affairs	
		Other			
Years in caring role:		Caring hours per week:			
		<20 hrs		20-39hrs	
		40+hrs		Full time carer	
Date caring role ceased:					
Carer's health concerns/issues					
Primary health concerns/ issues:					
Other (please state):					

Person you care for—Care Recipient					
First name:		Preferred name:			
Surname:		Gender:		Female	Male
Address: same as carer					
Postcode:					
Home:		Mobile:		Other:	
Email:		Date of birth:		Deceased date:	
Carer's relationship to recipient (e.g. the carer is the wife, daughter etc)					
Wife/Partner		Husband/Partner		Daughter	
Son		Father		Mother	
Son-in-law		Daughter-in-law		Other (please state):	
Marital status:					
Never married		Married/De-facto		Divorced	
Widowed		Separated			
Accommodation:					
Own home		Private rental		Public rental	
Other (please state):					
Living arrangements:					
Recipient lives alone		Lives with family		Lives with others	
Department of Veteran's Affairs card?					
Gold card		White card		Other DVA card	
No card					
Employment:					
Not working		Casual work		Full time	
Part time		Other (please state):			
Government pension or benefit? (select as many as apply)					
No pension or benefit		Aged Pension		Carer Allowance	
Carer Payment		Disability Support		Unemployment related pension	
Veteran's Affairs		Other			
Background:					
Aboriginal		Torres Strait Is.		Both	
Non-English speaking culture		English culture			
Country of birth:				Year of arrival in Australia:	
Australia		Other (please state):			
Preferred language:				Interpreter required:	
English		Other (please state):		Yes No	
Communication method:					
Spoken language		Sign language		Non-spoken communication	
Little or none					
Recipient's health concerns/issues					
ACAT assessment:					
No ACAT assessment done		Assessed as HIGH needs		Assessed as LOW needs	
Health concerns/issues of care recipient: (select as many as apply)					
Acquired brain injury		Alzheimer's disease			
Autism - including Asperger's Syndrome		Deaf/Blind- dual sensory		Development delay – only valid for child aged 0-5 yrs	
Hearing		Intellectual		Mental illness	
Neurological – including Epilepsy		Physical		Psychiatric	
Specific learning/ADD – other than intellectual		Speech		Vision	
Other (please state):					
Carers Queensland Inc. Privacy Statement					
Carers Queensland Inc. will ensure that personal information will only be used for the purpose it was collected, or that would reasonably be expected by the individual providing the information.					
The Department of Health and Ageing and other funding bodies from time to time, require Carers Queensland Inc. to provide them with statistical data. All statistical data provided to external organisations is de-identified – which means it does not contain your name, address or any identifying details. If you do not wish this to occur please advise us.					
All Carers Queensland Inc. staff are bound by confidentiality, and do have access to the database that contains the information that you provide. This enables staff to provide you with a service from any office at any time. It also assists Carers Queensland Inc. to use de-identified statistics to write submissions for additional funding, research papers and reports.					

### Carers Queensland Membership Form

**YES**, I want to be a member of Carers Queensland Inc.

**YES**, I support the objects, and agree to comply with the rules and regulations of Carers Queensland's 'Members of the Association'

Members must be over the age of 18 to vote.

- Membership is formally approved by the Carers Queensland Board at their scheduled meetings.
- Membership is renewable on your anniversary date of joining.

Signature for membership

Date

### Payment for individual membership

\$10 Individual Membership (GST Inclusive) *under 18yrs free*  
Donation given \$ \_\_\_\_\_

#### Method of payment

Cash \*cash option only available if paying at your local office  
Cheque \*payable to "Carers Queensland Inc."  
Direct debit \*BSB: 064-107 A/C#: 00795112 Ref: Your Name  
Pay Pal \*visit our website [www.carersqld.asn.au](http://www.carersqld.asn.au)  
Credit card Visa MasterCard Bankcard

Card no.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name on card: \_\_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

To submit your form please:

• Complete form **online** by visiting [www.carersqld.asn.au](http://www.carersqld.asn.au)  
Email completed form to [corporate@carersqld.asn.au](mailto:corporate@carersqld.asn.au)

• **Visit** your local Carers Queensland office to deliver this form and payment

• **Post to:** Carers Queensland, PO Box 179, Holland Park QLD 4121