CLIENT REGISTRATION FORM

The Illawarra Koori Men's Support Group (IKMSG) is a not for profit non-government organisation registered with the Australian Charities, Not-for profits Commission (ACNC). It aims to provide culturally appropriate education programs and services to Aboriginal men and male youth living in the Illawarra, focusing on areas of concern which impacts on the physical, social, emotional and spiritual well-being of the whole community.

Illawarra Aboriginal Men's Health and Training Program (IAMPHAT): The IAMPHAT program covers all men's health issues including the prevention and management of chronic disease, and social and emotional wellbeing. It is weekly on Thursdays as an outreach program. Aboriginal Male Health Workers are available for health observation and referral.

Brothers Against Domestic Violence (BADV): The Brothers Against Domestic Violence or BAD V program is weekly on Tuesdays. It focuses on the prevention of violent behaviour and the impacts of these behaviours on the individual, family and community. The project aims to: improve access to all community and government services; educate Aboriginal male youth; and give men a safe place to discuss their issues.

CLIENT D	ETAILS		
First Na	me:	Surname:	
Email:			
Address	:		
Suburb:		Post Code:	
Mobile	No:	Home No:	
DOB:		MIN No:	
Emerge	ncy		
Contact			
JOB ACTI	VE DETAILS		
JA, DES	or Parents Next:		
CRN Nu			
Case Ma	nnager – Name and Number:		
l			
CORRECT	IVE SERVICES/PAROLE		
Location	of Order:		
Parole C	Officer – Name and Number:		
Court O	rdered: (Please tick applicable box)		□ Yes
			□ No
	EVELOPMENT ORDER (WDO)	T	
Debt An	19 911191		
Infringe	ment Notice Number:		
<u>AUTHOR</u>	TY & AGREEMENT		
	ad, tick and sign below, to affirm that y	-	•
	egister with and work directly with Illawarra Koori Men's Support Group staff		
	ational Police Check)		
•	lawarra Koori Men's Support Group to		
	dvocate on my behalf when required w	•	The state of the s
	SW, NSW Health, Support Service, and		_
	se my photos or any statements made	by myself in our b	ousiness media pages
Client Sign	nature	Date	



ILLAWARRA KOORI MEN'S SUPPORT GROUP CLIENT REGISTRATION FORM

Please tick all appropriate boxes below..

MED	ICAL	CON	DITI	ONS

☐ Mental Health Condition	□ Diabetes
☐ Heart Condition	☐ High blood pressure
☐ Physical disability	☐ Intellectual disability
☐ Allergies, if yes please specify:	Other, please specify:

MEDICATION DETAILS

Do you take regular medication?	Yes
	No
If you answered yes, please specify:	

NDIS

Do you have a NDIS Plan	□ Yes □ No
If yes, who is your provider and support coordinator?	

LICENCING

☐ No Licence	☐ P1 Licence (Red)
☐ P2 Licence (Green)	☐ Unrestricted (Blacks)
☐ MR (Medium Rigid)	☐ HR (Heavy Rigid)

TICKETS/QUALIFICATIONS

☐ White Card	☐ Blue Ticket
□ RSA	☐ Yellow Ticket
□ RCG	☐ Other, please specify:

IN AN EMERGENCY

Do you consent to the following		
☐ Staff to contact your emergency contact	☐ Staff to keep a record of the incident	
☐ Staff to provide your details to medical	☐ For staff to make a referral to other	
services	support service (if needed)	

