

Client Registration Form



Full Name:

Date of Birth:

Gender: Male Female

Disability / Medical Conditions

Street Address:

Suburb:

Postcode:

Email:

Phone:

Parent / Carer / Next of Kin Name(s) and Contact Details 1 (Please complete sections below)

Name:

Phone:

Email:

Relationship to child:

Parent / Carer / Next of Kin Name(s) and Contact Details 2

Name:

Phone:

Email:

Relationship to child:

Other Contacts / Organisations 1:

Name / Organisation Name:

Phone:

Email:

Other Contacts / Organisations 2:

Name:

Phone:

Email:

Client's School / Day Program / Place of Vocational or Tertiary Study / Workplace Name:

Address:

Siblings

Name:

Name:

Name:

Age:

Age:

Age:

Name:

Name:

Name:

Age:

Age:

Age:

Client Registration Form



GP, Specialist, Therapist Contact Details

Name: _____ Profession: _____ Phone: _____

Name: _____ Profession: _____ Phone: _____

Name: _____ Profession: _____ Phone: _____

Client is in receipt of insurance payment?

Yes No

(please attach medical report)

Client is in receipt of compensation payment?

Yes No

(please attach medical report)

Client is in receipt of NDIS Package?

Yes No

(please attach medical report)

Social Media Consent

I consent to my (my child's) image/voice and activity undertaken being used on CoastAbility website, print media and/or social media sites (Facebook, Instagram, YouTube, Twitter) on behalf of CoastAbility and for no other purpose. *

Yes No

I agree to be contacted should CoastAbility be approached about any additional media use requests so that further consent may be given in respect thereto.

Yes No

Please confirm where multimedia can be used:

In Perpetuity Only Once

Authority for Social Media Consent for Minor

Date:

Parent / Caregiver/ Next of Kin's Name: