



# EMERGENCY RELIEF FORM

This form is to be used for all companions (new and existing) being provided emergency relief by a conference in the Canberra/Goulburn Archdiocese. Once completed, members are requested to email this form to [conferences@vinnies-cg.org.au](mailto:conferences@vinnies-cg.org.au) or post to PO Box 9091 Deakin ACT 2600.

## Privacy Collection Statement

See Privacy Policy at: [www.vinnies.org.au/page/privacy/](http://www.vinnies.org.au/page/privacy/)

All information on this form will be treated in accordance with the St Vincent de Paul Society Canberra/Goulburn (the Society) Privacy Policy.

The Society collects your personal information when you contact us in order to provide you with emergency relief assistance. We may also use the personal information you provide to respond to your enquiries and to provide statistical reports.

We are committed to protecting your personal information. This information is stored on a secure database. Your name, contact details and other personal data will never be shared with anyone outside the Society (Excluding contracted third parties who provide the Society with professional or technological services), unless there is a serious threat to life, health or safety to any person or is required by law, for example, by order of a court or tribunal. If you do not provide this information requested on this form, we may not be able to assist you.

Should you require any further information relating to the privacy of your information, please refer to the Privacy Policy available on our website listed above.

## Companion to Complete

I understand how my personal information will be collected, and the purposes for which my information may be used or disclosed. I understand that if my information is to be used for any purpose other than set out above, my further consent will be obtained.

I agree to St Vincent de Paul Society Canberra/Goulburn and the supplier listed below exchanging and storing information for the purpose of this order request.

This consent, once signed, remains valid while I am receiving services/support from the Society, unless I withdraw consent by contacting the Society.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Companion Personal Details (please print)

First Name		Last Name	
Date of Birth (dd/mm/yyyy)		Gender	
Phone	Mobile	Homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			
Suburb	State	Postcode	

## Partner Details (please print)

First Name		Last Name	
Gender		Date of Birth (dd/mm/yyyy)	

## Dependent Details (please print)

First Name		Last Name	
Date of Birth		Gender	Relationship
First Name		Last Name	
Date of Birth		Gender	Relationship
First Name		Last Name	
Date of Birth		Gender	Relationship
First Name		Last Name	
Date of Birth		Gender	Relationship
First Name		Last Name	
Date of Birth		Gender	Relationship
First Name		Last Name	
Date of Birth		Gender	Relationship
First Name		Last Name	
Date of Birth		Gender	Relationship

## Other Information

Country of Birth		Language spoken at home	
<b>Aboriginal / Torres Strait Islander?</b> <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Inadequately Described	<b>Housing Tenure</b> <input type="checkbox"/> Renter - Public <input type="checkbox"/> Renter - Private <input type="checkbox"/> Boarding/Lodging <input type="checkbox"/> Being Purchased <input type="checkbox"/> Fully Owned <input type="checkbox"/> Caravan Park <input type="checkbox"/> Homeless/No Household	<b>Household Composition</b> <input type="checkbox"/> Single <input type="checkbox"/> Sole Parent with Dependents <input type="checkbox"/> Couple <input type="checkbox"/> Couple with Dependents <input type="checkbox"/> Group (Related Adults and/or Children) <input type="checkbox"/> Group (Unrelated Adults and/or Children) <input type="checkbox"/> Inadequately Described	

## Other Information Continued

<b>Main Source of Income:</b> <input type="checkbox"/> Nil Income <input type="checkbox"/> Employee Salary/Wage <input type="checkbox"/> Self Employed <input type="checkbox"/> Government Payments <input type="checkbox"/> Other Income <input type="checkbox"/> Inadequately Described		<b>Longterm Disability:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes: Disability category:</b> <input type="checkbox"/> Intellectual Learning <input type="checkbox"/> Psychiatric <input type="checkbox"/> Sensory/Speech <input type="checkbox"/> Physical/Diverse <input type="checkbox"/> Inadequately Described		<b>Consent to participate in client research:</b> The Federal Department of Social Services is interested in doing surveys to better understand the needs of people receiving emergency relief. Would you be willing to participate in this research? Your decision will not affect the help you receive from us in any way.  <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Number adult(s) for visit</b>		<b>Number child(ren) for visit</b>			
<b>If receiving government payment/s, please specify which payment type:</b>		<b>Serving a Centrelink non-payment period?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, when was your last Centrelink Payment? (dd/mm/yyyy)</b>			

Assistance Provided	Funding Source	Value	Voucher Code (If Applicable)
Accommodation/Rent	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind		
Advocacy	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind		
Blankets & Bedding	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind		
Christmas Hamper	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind		
Clothing	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind		
Education	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind		
Food	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind		
Food Vouchers	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind		
Furniture/Household Items	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind		
Health & Medical	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind		
Household Maintenance	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind		
Social Visit	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind		
Transport/Travel	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind		
Utilities	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind		

<b>Whitegoods</b>	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind		
<b>Other</b>	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind		<b>Description Required</b>
<b>Referral</b>	<input type="checkbox"/> Internal <input type="checkbox"/> External		<b>Name of Service</b>

**Comments/Additional Information**

**Conference Member Details**

<b>Conference</b>		<b>Conference member name</b>	
<b>Signature</b>		<b>Date</b>	