

St John's Crisis Centre – ER FORM

Please complete the form, sign, scan and email to admin@stjohnscc.org.au. A team member will call you back for a phone interview. (if you cannot scan please take a photo and send via email)

Consent form for St John's Crisis Centre

I _____ acknowledge that this could involve sharing information with other service providers or collecting information. St John's Crisis Centre as a service provider has a duty of care that means if you mention that you might harm yourself or others that we will discuss this and inform the appropriate departments, organisations, including if required Government Departments. Also, if you mention that you have a warrant out for your arrest or disclose any information of a criminal or illegal nature including making threats towards St John's Crisis Centre personal our duty of care is to inform the police.

Acknowledgment:

I acknowledge that I understand why my personal information is being collected and how it will be used.

Name: Signature:

Name: Counter Signed.....

Date:/...../ 20.....

M F LGBTQ+ DOB Contact Details

Address P/Code

Are you: Aboriginal Origin Torres Strait Origin Aboriginal & Torres Strait CALD Other No

Country of Birth First Language

Referred by Existing Client New Client Veteran

Spouse Name Number/Age of Dependents

Benefit: Age Pension Career Allowance DSP FTB Newstart Parenting Payment Public Trust
New Zealander No Benefit Other, specify

Benefit No Amount: \$..... Due Date.....

Card Sighted: Yes No Rent \$ P/W, P/F, P/M Rent next due

If you do not receive a Centrelink benefit, please write **N/A**

Reason for Requesting E.R.
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