

**FAMILY INFORMATION FORM**

Family Name: \_\_\_\_\_

**Parent/Guardian Details**

(1) Gender: (m) (f) please circle

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Optional) Occupation: \_\_\_\_\_

Telephone:(H): \_\_\_\_\_ (W): \_\_\_\_\_

(Mobile): \_\_\_\_\_ Email: \_\_\_\_\_

(2) Gender: (m) (f) please circle

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Optional) Occupation: \_\_\_\_\_

Telephone:(H): \_\_\_\_\_ (W): \_\_\_\_\_

(Mobile): \_\_\_\_\_ Email: \_\_\_\_\_

**It is also important that we have up to date information about the person who has a disability in your family.**

(3) Gender: (m) (f) please circle

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

What types of support does this family member receive from Mamre?

\_\_\_\_\_ Date Commenced \_\_\_\_\_

**Other Immediate Family Members:**

(4) Gender: (m) (f) please circle

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone:(H): \_\_\_\_\_ (W): \_\_\_\_\_

(Mobile): \_\_\_\_\_ Email: \_\_\_\_\_

Gender: (m) (f) please circle

(5) Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone:(H): \_\_\_\_\_ (W): \_\_\_\_\_

(Mobile): \_\_\_\_\_ Email: \_\_\_\_\_

Gender: (m) (f) please circle

(6) Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone:(H): \_\_\_\_\_(W): \_\_\_\_\_

(Mobile): \_\_\_\_\_ Email: \_\_\_\_\_

**Updated Emergency Contact Details:**

It is also important that we keep up-to-date emergency contact details for your family. In an emergency, who would you want staff to contact, other than those listed above.

Surname: \_\_\_\_\_ Given Name \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: (h): \_\_\_\_\_(w): \_\_\_\_\_(mobile): \_\_\_\_\_

**General Family Questions:**

Who is the Family Key Worker from Mamre? \_\_\_\_\_

Please name the types of support your family receives through Mamre and list names of those involved.

_____	_____
_____	_____
_____	_____
_____	_____

Do you wish to be on the Mamre Mailing List to receive "Mamrebillia" the quarterly newsletter?

Yes

No

When positions become vacant at Mamre, our Policy is to advertise internally & externally.

Do you want to receive information about such positions?

Yes

No

Since Mamre operates from a basis of mutual support, are there skills, interest areas, roles etc that family members would be available to contribute, be involved in etc?

e.g. Legal Matters      Computers  
Gardening              Fundraising

Yes

No

Please List: \_\_\_\_\_