

	Date	Staff Sign
Mailed Forms		
1 st Call		
2 nd Call		
Inducted onto database		
Membership Card		



Membership No: _____

Lorikeet Centre,
 104 Cambridge Street, West Leederville, WA 6007.
 Telephone: 9237 8951 Facsimile: 9381 9495
 Email: lorikeet@mifwa.org.au

Lorikeet Centre Membership Application Form

Welcome to the Lorikeet Centre. We aim to provide a safe, comfortable and supportive environment in which members and staff can work together on individual goal plans towards recovery.

We assist individuals to realise their goals and to feel part of a positive environment. Lorikeet also offers a range of social and recreational activities to compliment the above.

To become a member of Lorikeet Centre it is essential that this form is completed. A staff member will assist you to complete this form. All information gathered in this form is confidential and it is kept secure place.

Surname: _____ First Name: _____

Date of Birth: ____/____/____ Sex: Male Female

Country of Origin _____

Aboriginal or Torres Strait Islander Yes No

Your address:

_____ Post Code: _____

Telephone Number: _____ Mobile Number: _____

Email Address: _____

Would you like to receive our Activity Planner and bi-monthly newsletter, the Squawk, to keep up to date with activities and events at the Lorikeet Centre. YES NO

If yes would you like to receive it by *mail *email

Lorikeet offers all of its members a birthday card and a free lunch voucher for their birthday. Do you wish to receive these? YES NO

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What is your psychiatric diagnosis?

Type of accommodation in which you live, e.g., independently, with family, supported accommodation:

Employment and education information:

Are you working for a wage or a salary? YES NO

Are you volunteering your time? YES NO

Are you studying or training? YES NO

If yes
where _____

Goals

Which of the following would be of interest to you at Lorikeet? (please circle whatever is relevant):

to meet new people, physical activity, learn new skills, learn new information, participate in recreational activities, participate in our community garden.

Please specify any goals in particular you would like to achieve. _____

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It is an essential requirement for membership that the following sections of this form be completely filled in with ALL relevant information .

Mental Health Provider, Case Manager or Health Care Professional:

Name: _____

Address:

Telephone: _____

Other Health Care Professionals relevant to this application:

It is essential that we have prior knowledge of any behaviours that you might present with. There are many different factors that may cause a person to become unwell or upset however in order for Lorikeet staff to best work with you and for you we require this information now in order to be better informed.

Is there anything in particular which causes you to get stressed and/or upset ?

Do you have any other medical conditions? (eg allergies, diabetes, epilepsy)

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1. Emergency Contact:

Name: _____

Relationship _____

Address:

Telephone: _____

2. Family member details

Name: _____

Relationship _____

Address:

Telephone: _____

3. If you have a carer please fill out the following details:

Name: _____

Organisation : _____

Address:

Telephone: _____

Thank you, for taking the time to fill in this form. Your Authorisation for Release of Information form will be sent off to your Health Professional and as soon as we receive this information we will contact you.

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Authorisation for Release/Obtain/Exchange of Information
Request for Health Professional/s to release information to Lorikeet Management

I _____, give permission for the release of my personal information and details from my health professional/s to management at Lorikeet. The names and addresses are as follows:

I understand this information will be treated confidentially and will only be exchanged with the above mentioned parties and that the management and staff of Lorikeet do not reveal it to any other department, agency or party, unless specifically noted and agreed to by myself and management of Lorikeet.

Member/potential member signature _____

Date: ____/____/____

Service Co-ordinator signature _____

Date: ____/____/____