

Client Registration Form

Date Completed: _____ Email: support@sabrinareach4life.com.au

1. Personal Details

Full Name	Date of Birth (DD/MM/YYYY)
Phone	Email
Address	Suburb / Town
State	Postcode

Preferred Contact Method: Phone SMS Email

2. Cultural Background

- Culturally and Linguistically Diverse Aboriginal Torres Strait Islander
 Aboriginal and Torres Strait Islander Other:

2. What type of support are you requesting? (can select more than one)

- Group Support Individual Support Service Navigation Advocacy Support

3. Program Details

Location of Meeting: Darwin Palmerston Litchfield Other:

4. Referral

How did you hear about us? Facebook Instagram LinkedIn GP Other

Referring Professional (if applicable):

5. Emergency Contact

Name: _____ Relationship: _____

Phone: _____

6. Bereavement Details

Name of the person who died:

Relationship to you: _____ Date of death: ____ / ____ / ____

Do you wish to share anything about your loss:

7. Current Supports

Currently receiving support from:

GP / Family Doctor Psychologist Psychiatrist Social Worker

Support Group Other:

Medications (if relevant):

Medical conditions or allergies:

8. Wellbeing

In the past 12 months have you experienced suicidal thoughts or self-harm?

Yes No Prefer not to say

If yes, have you received professional support? Yes No

9. Privacy & Confidentiality

Information collected will be used only for program delivery and evaluation in accordance with the Northern Territory Information Act 2002. Information will be stored securely and de-identified data may be used for grant reporting.

10. Participant Agreement

I understand this program provides peer support and is not a substitute for professional therapy.

I agree to respect the confidentiality of other participants.

I understand discussions may bring up difficult emotions and I may step out if needed.

I consent to my information being used for program administration and reporting.

Participant Name: _____

Signature: _____ Date: ____ / ____ / ____