

Title:	First name:	Last name:
--------	-------------	------------

Provider/Facility name:	Contact Name:
Phone number:	Notes
<input type="checkbox"/> Male <input type="checkbox"/> Female Other:	Date of birth:
Preferred language:	Country of birth:
Cultural Identity	Best day for calls Tu, W, Th
Street Address/Email:	Suburb:
Mobile	Phone number:

Does the participant enjoy any recreational activities? <input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes list;
Hobbies and Interests:
Other Notes:

PRIVACY & CONFIDENTIALITY

- MCCGC will keep the information on this form confidential and will only share the information if the participant agrees or for purposes set out in the MCCGC Privacy Collection Notice.
- ISYL volunteers will only be provided with information that is necessary to carry out their role effectively.
- The participant has the right to see the information on this form.
- You must receive the participant's consent to collect their personal information for the purposes of referring them to the MCCGC ISYL
- For further information, please refer to MCCGC Privacy policy

AGREEMENT

- Has the I Speak Your Language Program been explained to the participant?
- Does the participant consent to the conditions outlined above and in the MCCGC Privacy Collection Notice, regarding the collection and use of their personal information?
- Has the participant given consent for you to refer them to the MCCGC I Speak Your Language Program

Date: Staff Name:

OR

Participant's Signature:

Date:

OR

Participant Verbal Consent obtained

Please return this form to:

ISpeak@mccgc.com.au

Or

Return Self addressed envelope enclosed

Ph: (07) 55 278 011 or 1800 95 40 40 for any enquiries

Thank you kindly from the I Speak Your Language – MCCGC Team.

☎ 07 5527 8011 📍 info@mccgc.com.au ✉ 1 Dominions Road | P.O Box 345 ASHMORE Qld 4214

VALUING CULTURES | CELEBRATING DIVERSITY | WELCOMING YOU