

CLIENT CONSENT AND DEMOGRAPHICS

CONSENT OBTAINED:

Yes

No

ALPHA CODE:

Letters of first name

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1st 2nd 3rd 4th 5th 6th

Letters of last name

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M/F for male or female

DATE OF BIRTH

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D D

day

unknown

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M M

month

unknown

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Y Y Y Y

estimated

year

Is the person of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, both

NUMBER OF ACCOMPANYING CHILDREN

Please provide your Agency identifier:

AGENCY ID:

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Please note that client consent is required separately for this pilot test and must not be assumed based on the SAAP National Data Collection.



- Consent is required to complete this question.
- Where a name is not long enough please fill in any remaining squares with a 2.
- Do not count hyphens, apostrophes, or any other such character as a letter of the alphabet.
- Where a part of the name is missing or unknown please substitute a 9.



- Consent is required to complete this question.
- If day or month unknown, tick the relevant box.
- If year unknown, provide best estimate and tick box 'estimated year'.



- Consent is required to complete this question.
- Please tick one box only.



- An accompanying child:
- is under 18 years of age
 - has a parent(s) or guardian(s) who is a client; and either accompanies them at any time during their support period; and/or receives assistance directly as a consequence of their support period.



This is the same as the one you provide for the SAAP National Data Collection (ie. 4 numbers and a letter).