

*In accordance with the Commonwealth Privacy Act (1988) the personal information collected about families will be used in a confidential manner by Uplyft staff strictly for the purpose of facilitating the Grandcarer Support Service program. Clients are able to access their own information.*

## Grandparent Carer – Main Applicant

|                                            |  |                                                      |  |                                                          |  |  |  |
|--------------------------------------------|--|------------------------------------------------------|--|----------------------------------------------------------|--|--|--|
| Title:                                     |  |                                                      |  | Surname:                                                 |  |  |  |
| First Name:                                |  |                                                      |  | Middle Name:                                             |  |  |  |
| DOB:                                       |  |                                                      |  |                                                          |  |  |  |
| Gender:                                    |  |                                                      |  |                                                          |  |  |  |
| <input type="checkbox"/> Male              |  | <input type="checkbox"/> Female                      |  | <input type="checkbox"/> Non-binary                      |  |  |  |
| <input type="checkbox"/> Prefer not to say |  | <input type="checkbox"/> Prefer not to self-describe |  |                                                          |  |  |  |
| Home Address:                              |  |                                                      |  |                                                          |  |  |  |
| Postal Address:                            |  |                                                      |  |                                                          |  |  |  |
| Mobile No:                                 |  |                                                      |  | Home Phone:                                              |  |  |  |
| Email:                                     |  |                                                      |  |                                                          |  |  |  |
| Indigenous Status                          |  |                                                      |  |                                                          |  |  |  |
| <input type="checkbox"/> Aboriginal        |  | <input type="checkbox"/> TSI                         |  | <input type="checkbox"/> Neither                         |  |  |  |
| <input type="checkbox"/> Unknown           |  | <input type="checkbox"/> Prefer not to say           |  |                                                          |  |  |  |
| CALD                                       |  |                                                      |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| Country of Birth:                          |  |                                                      |  |                                                          |  |  |  |
| Ethnicity:                                 |  |                                                      |  |                                                          |  |  |  |
| Language/s spoken at home:                 |  |                                                      |  |                                                          |  |  |  |
| Current work status:                       |  |                                                      |  |                                                          |  |  |  |
| <input type="checkbox"/> Not working       |  | <input type="checkbox"/> Full-time                   |  | <input type="checkbox"/> Part-time                       |  |  |  |
| <input type="checkbox"/> Casual            |  | <input type="checkbox"/> Other                       |  |                                                          |  |  |  |
| Do you receive Centrelink Payments         |  |                                                      |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| If "yes" What type of payment              |  |                                                      |  |                                                          |  |  |  |
| Bank Details (if deemed fully eligible)    |  |                                                      |  |                                                          |  |  |  |
| Name of Account                            |  |                                                      |  |                                                          |  |  |  |
| BSB                                        |  |                                                      |  | Account Number                                           |  |  |  |

## Spouse of Partner (If applicable)

|                                            |  |                                                      |  |                                                          |  |  |  |
|--------------------------------------------|--|------------------------------------------------------|--|----------------------------------------------------------|--|--|--|
| Title:                                     |  |                                                      |  | Surname:                                                 |  |  |  |
| First Name:                                |  |                                                      |  | Middle Name:                                             |  |  |  |
| DOB:                                       |  |                                                      |  |                                                          |  |  |  |
| Gender:                                    |  |                                                      |  |                                                          |  |  |  |
| <input type="checkbox"/> Male              |  | <input type="checkbox"/> Female                      |  | <input type="checkbox"/> Non-binary                      |  |  |  |
| <input type="checkbox"/> Prefer not to say |  | <input type="checkbox"/> Prefer not to self-describe |  |                                                          |  |  |  |
| Home Address:                              |  |                                                      |  |                                                          |  |  |  |
| Postal Address:                            |  |                                                      |  |                                                          |  |  |  |
| Mobile No:                                 |  |                                                      |  | Home Phone:                                              |  |  |  |
| Email:                                     |  |                                                      |  |                                                          |  |  |  |
| Indigenous Status                          |  |                                                      |  |                                                          |  |  |  |
| <input type="checkbox"/> Aboriginal        |  | <input type="checkbox"/> TSI                         |  | <input type="checkbox"/> Neither                         |  |  |  |
| <input type="checkbox"/> Unknown           |  | <input type="checkbox"/> Prefer not to say           |  |                                                          |  |  |  |
| CALD                                       |  |                                                      |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| Country of Birth                           |  |                                                      |  | Language/s spoken at home                                |  |  |  |

## Grandchild 1

|                                                  |                                                      |                                                          |  |
|--------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|--|
| Surname:                                         |                                                      | First Name:                                              |  |
| Middle Name:                                     |                                                      | DOB:                                                     |  |
| Gender:                                          |                                                      |                                                          |  |
| <input type="checkbox"/> Male                    | <input type="checkbox"/> Female                      | <input type="checkbox"/> Non-binary                      |  |
| <input type="checkbox"/> Prefer not to say       | <input type="checkbox"/> Prefer not to self-describe |                                                          |  |
| Indigenous Status                                |                                                      |                                                          |  |
| <input type="checkbox"/> Aboriginal              | <input type="checkbox"/> TSI                         | <input type="checkbox"/> Neither                         |  |
| <input type="checkbox"/> Unknown                 | <input type="checkbox"/> Prefer not to say           |                                                          |  |
| CALD                                             |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Country of Birth:                                |                                                      |                                                          |  |
| Ethnicity:                                       |                                                      |                                                          |  |
| Relationship:                                    |                                                      |                                                          |  |
| <input type="checkbox"/> Biological              | <input type="checkbox"/> Cultural                    | <input type="checkbox"/> Adoptive                        |  |
| <input type="checkbox"/> Step-Grandparent        | <input type="checkbox"/> Great Grandparent           | <input type="checkbox"/> De-factor                       |  |
| <input type="checkbox"/> Other (please describe) |                                                      |                                                          |  |
| Mother's Full Name:                              |                                                      |                                                          |  |
| Father's Full Name:                              |                                                      |                                                          |  |
| Language/s spoken at home:                       |                                                      |                                                          |  |

## Grandchild 2

|                                                  |                                                      |                                                          |  |
|--------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|--|
| Surname:                                         |                                                      | First Name:                                              |  |
| Middle Name:                                     |                                                      | DOB:                                                     |  |
| Gender:                                          |                                                      |                                                          |  |
| <input type="checkbox"/> Male                    | <input type="checkbox"/> Female                      | <input type="checkbox"/> Non-binary                      |  |
| <input type="checkbox"/> Prefer not to say       | <input type="checkbox"/> Prefer not to self-describe |                                                          |  |
| Indigenous Status                                |                                                      |                                                          |  |
| <input type="checkbox"/> Aboriginal              | <input type="checkbox"/> TSI                         | <input type="checkbox"/> Neither                         |  |
| <input type="checkbox"/> Unknown                 | <input type="checkbox"/> Prefer not to say           |                                                          |  |
| CALD                                             |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Country of Birth:                                |                                                      |                                                          |  |
| Ethnicity:                                       |                                                      |                                                          |  |
| Relationship:                                    |                                                      |                                                          |  |
| <input type="checkbox"/> Biological              | <input type="checkbox"/> Cultural                    | <input type="checkbox"/> Adoptive                        |  |
| <input type="checkbox"/> Step-Grandparent        | <input type="checkbox"/> Great Grandparent           | <input type="checkbox"/> De-factor                       |  |
| <input type="checkbox"/> Other (please describe) |                                                      |                                                          |  |
| Mother's Full Name:                              |                                                      |                                                          |  |
| Father's Full Name:                              |                                                      |                                                          |  |
| Language/s spoken at home:                       |                                                      |                                                          |  |

## Grandchild 3

|                                                  |                                                          |                                     |  |
|--------------------------------------------------|----------------------------------------------------------|-------------------------------------|--|
| Surname:                                         |                                                          | First Name:                         |  |
| Middle Name:                                     |                                                          | DOB:                                |  |
| Gender:                                          |                                                          |                                     |  |
| <input type="checkbox"/> Male                    | <input type="checkbox"/> Female                          | <input type="checkbox"/> Non-binary |  |
| <input type="checkbox"/> Prefer not to say       | <input type="checkbox"/> Prefer not to self-describe     |                                     |  |
| Indigenous Status                                |                                                          |                                     |  |
| <input type="checkbox"/> Aboriginal              | <input type="checkbox"/> TSI                             | <input type="checkbox"/> Neither    |  |
| <input type="checkbox"/> Unknown                 | <input type="checkbox"/> Prefer not to say               |                                     |  |
| CALD                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                     |  |
| Country of Birth:                                |                                                          |                                     |  |
| Ethnicity:                                       |                                                          |                                     |  |
| Relationship:                                    |                                                          |                                     |  |
| <input type="checkbox"/> Biological              | <input type="checkbox"/> Cultural                        | <input type="checkbox"/> Adoptive   |  |
| <input type="checkbox"/> Step-Grandparent        | <input type="checkbox"/> Great Grandparent               | <input type="checkbox"/> De-factor  |  |
| <input type="checkbox"/> Other (please describe) |                                                          |                                     |  |
| Mother's Full Name:                              |                                                          |                                     |  |
| Father's Full Name:                              |                                                          |                                     |  |
| Language/s spoken at home:                       |                                                          |                                     |  |

## Grandchild 4

|                                                  |                                                          |                                     |  |
|--------------------------------------------------|----------------------------------------------------------|-------------------------------------|--|
| Surname:                                         |                                                          | First Name:                         |  |
| Middle Name:                                     |                                                          | DOB:                                |  |
| Gender:                                          |                                                          |                                     |  |
| <input type="checkbox"/> Male                    | <input type="checkbox"/> Female                          | <input type="checkbox"/> Non-binary |  |
| <input type="checkbox"/> Prefer not to say       | <input type="checkbox"/> Prefer not to self-describe     |                                     |  |
| Indigenous Status                                |                                                          |                                     |  |
| <input type="checkbox"/> Aboriginal              | <input type="checkbox"/> TSI                             | <input type="checkbox"/> Neither    |  |
| <input type="checkbox"/> Unknown                 | <input type="checkbox"/> Prefer not to say               |                                     |  |
| CALD                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                     |  |
| Country of Birth:                                |                                                          |                                     |  |
| Ethnicity:                                       |                                                          |                                     |  |
| Relationship:                                    |                                                          |                                     |  |
| <input type="checkbox"/> Biological              | <input type="checkbox"/> Cultural                        | <input type="checkbox"/> Adoptive   |  |
| <input type="checkbox"/> Step-Grandparent        | <input type="checkbox"/> Great Grandparent               | <input type="checkbox"/> De-factor  |  |
| <input type="checkbox"/> Other (please describe) |                                                          |                                     |  |
| Mother's Full Name:                              |                                                          |                                     |  |
| Father's Full Name:                              |                                                          |                                     |  |
| Language/s spoken at home:                       |                                                          |                                     |  |