



Sailability Shorncliffe

Queensland Australia

CLIENT REGISTRATION

NEW / UPDATED Sailability Shorncliffe Inc. 69 Sinbad Street Shorncliffe Qld 4017

Date of Registration..... SURNAME..... Title.....

First Name..... Preferred Name..... D.O.B. / /

Address

..... Post Code.....

Next of Kin – Name / Relationship.....

Address - As above / or.....

..... Post Code.....

Email.....

Home Phone..... Bus. Phone..... Mobile.....

Could Client's actions cause harm or be threatening to our Volunteers or interrupt sailing activities? No / Yes

If **Yes** please add details

Service Organisation Name (If Next of Kin, please record as above)

.....

Address.....

..... Post Code.....

Phone..... Mobile..... Email.....

Support Worker / Carer's Name.....

Phone..... Mobile..... Email.....

We value your privacy. Details recorded are for use in a potential emergency and are not shared with any third party except with Emergency Personnel if the occasion arises. We are asked by Government Departments and Insurance Companies for details of numbers of people attending for statistical purposes but never for personal details. The same applies if we are applying for grants to support our operations.

Administration Use: Added to Client Register	Added to Client Attendance	Date Recorded	/	/			
Details Checked (please circle):	2024	2025	2026	2027	2028	2029	2030