

## Household Member Details Form (Child)

Tenant Name	
Property Address	
STATISTICAL DATA COLLECTION	
	ons to provide statistical information to the National Data using need. We do not provide them with names or any ehold members.
I give consent for the Women's Housing Company to use the information provided on this form for statistical purposes.	
Tenant's signature	Date
Dependent Child Name	
Date of Birth	Gender Female Male
Centrelink Reference	Shared Care Yes No
Nationality	Ethnic Origin
Country of birth	Main Income Source
Visa Type	_ Date Arrived in Australia
Main Language	Second Language
Indigenous Status:  Aboriginal Confirmed Aboriginal Not Confirmed Torres Strait Islander Confirmed Torres Strait Islander Not Confirmed Not Known	Disability Type:  Physical/Diverse  Intellectual/Learning Sensory/Speech Psychiatric Other:
Employment Status:  Employed fulltime Employed part time Employed casual / seasonal Self Employed Job seeking	Education / Training Status:  Studying fulltime Studying part time Apprenticeship / Traineeship Short Course Field of study: