



Friends of Ranges

I would like to be on the Ranges Community Health mailing list to receive:

- Ranges Community Health newsletters and brochures
- Information on Ranges' community events and activities
- Information on discussions, surveys and workshops

First Name			
Last Name			
Street Address			
Suburb			Post Code
Telephone	Home:	Mobile:	Work:
Email			

Please circle your preferred form of communication:

Mail

Email

Applicant Signature _____

Date _____

Please complete the 'HAVE YOUR SAY' section on the back of this page.

HAVE YOUR SAY

There are key times at Ranges Community Health when we ask people in our community to share their opinions and help make decisions about our service. To enable us to target people appropriately we need a bit more information about you.

Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Age:	Do you have a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Long Term Illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Carer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Country of Birth:	Language spoken at home:	
How old are your children? (tick all which apply) <input type="checkbox"/> 0-6 <input type="checkbox"/> 7-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-25		
Have you used RCH Services in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Availability: <input type="checkbox"/> Any time <input type="checkbox"/> Weekdays 10-2pm <input type="checkbox"/> Evenings after 5pm		

Please indicate below what information you would like us to send you.

Please send me the Annual Report and Community Newsletters <input type="checkbox"/>
Please keep me updated about activities, new services and special events <input type="checkbox"/>
I would like to participate in events, discussions, surveys and/or workshops <input type="checkbox"/>

Please return in the pre-paid envelope provided.

or **Fax to:** 9739 4689

or **Email to:** meliza.smith@rangeschs.org.au

Internal Use Only:

Date of receipt:

Entry in Register:

Letter sent: