



Link-Up Victoria CLIENT APPLICATION

SECTION 1A: ABOUT YOU

Please circle: MR MISS MRS MS OTHER: _____

Surname: _____

First Given Name: _____ Second Given Name: _____

Birth Name (if different): _____

Other names (e.g. maiden, nickname, alias, etc.): _____

Your current address: _____

Suburb: _____ State: _____ Post Code: _____

Phone: (H) _____ (B) _____ (M) _____

Email: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____ State: _____

Are you Aboriginal? YES NO DON'T KNOW

Are you Torres Strait Islander? YES NO DON'T KNOW

How did you find out about Link-Up? _____

Were You: Adopted Fostered State Ward Institutionalised Other?

PLEASE CIRCLE

What year, or how old were you? _____

Where were you placed? _____

SECTION 1B: ADDITIONAL CONTACT PERSON

Who else can we contact if we are unable to contact you?

Name: _____

Address: _____ Phone Number: _____

SECTION 1C: SUPPORT PERSON

Do you have a support person working with you from another service? (please circle) YES NO

If yes, can please provide their contact details?

Name: _____ Phone Number: _____

Service/Organisation: _____

SECTION 2: YOUR REQUEST

ARE YOU SEARCHING FOR INFORMATION ABOUT YOURSELF? YES NO

Do you have your full Birth Certificate? YES NO Adopted or Original

Do you have your adoption or state ward file? YES NO Adoption file or Ward file

Do you have any other information about your removal? YES NO

Do you have any other information about your family? YES NO

IF YES PLEASE PROVIDE COPIES

Are any agencies or organisations assisting you with your search? If so, please provide details.

ARE YOU SEARCHING FOR FAMILY? YES NO

Who are you searching for (e.g. mum, dad, brother, sister)? _____

Surname: _____

Given Name/s: _____

Other Names/Aliases: _____

Date or Year of Birth: ____ / ____ / ____ Place of Birth: _____ State: _____

Is this person Aboriginal? YES NO Torres Strait Islander? YES NO

Was this person: Adopted Fostered State Ward Institutionalised Don't Know

PLEASE CIRCLE

Do you have any documents about this person(s)? YES NO

IF YES PLEASE PROVIDE COPIES

What year was this person separated from the family? _____

Where were they placed? _____

Please provide as much information as you can about who you are searching for, e.g. names of relatives, birth dates, key places (where born, where taken from, where taken to), parents names, brothers and sisters, etc.

SECTION 3: ABOUT FAMILY

MOTHER

Surname:

Given Name/s: _____

Other Names/Aliases:

Date or Year of Birth: / / Place of Birth: State:

Is your mother Aboriginal? YES NO Torres Strait Islander? YES NO

FATHER

Surname:

Given Name/s: _____

Other Names/Aliases:

Date or Year of Birth: / / Place of Birth: State:

Is your father Aboriginal? YES NO Torres Strait Islander? YES NO

SECTION 4: HOW CAN WE HELP?

How would you like Link-Up Victoria to assist you? Is there any other information that will assist with the search? Please provide as much information as you can and use an extra piece of paper if you need to.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SECTION 5: PERMISSION FOR LINK-UP VICTORIA

Would you like to be included on the Link-Up Victoria mailing list?

YES NO

Do you consent to your photograph being used for promotional purposes (e.g. newsletter, website, etc.)?

YES NO

The “**Link-Up National Name Index**” improves family tracing services through interstate Link-Up services. Do you consent to your name, date of birth and place of birth being registered on this database?

YES NO

If we need to refer you to another service specific to your needs, do you consent to Link-Up Victoria sharing your personal details with other services, agencies and organisations?

YES NO

If there are any places that you DO NOT want your information shared with, please provide details.

Link-Up Victoria seeks to continually improve the service we provide to our clients. One of the ways we do this is to organise an independent review of our service. Do you consent to your file being included in our reviews?

YES NO

I _____ confirm that I have read and understand the
(name)

“**Link-Up Victoria Client Rights and Responsibilities**” booklet advising me of my rights and responsibilities if I become a client. I also confirm that I have received a pack with information about the services provided by Link-Up Victoria and information about privacy and use of my personal information.

Signature: _____ Date: _____

Please Note: Copies of three forms of current personal identification needs to be attached with this form, stating your current address and preferably including a photo and/or signature.

Please tick the forms of ID you have attached (three required):

- | | |
|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Key Pass |
| <input type="checkbox"/> Driver's Licence | <input type="checkbox"/> Bank card (eftpos/keycard) or Credit card |
| <input type="checkbox"/> Health Care Card/Pension Card | <input type="checkbox"/> Student card |
| <input type="checkbox"/> Medicare Card | <input type="checkbox"/> Utility Bill |

THANK YOU. PLEASE RETURN TO LINK-UP VICTORIA
POST: P.O. BOX 191, PRESTON VIC 3072
or
IN PERSON: 273 High Street, PRESTON VIC 3072



Link-Up Victoria

273 High street Preston Victoria 3072
PO Box 191, Preston VIC 3072
Freecall: 1800 OUR MOB (1800 687 662)
Tel: (03) 9480 7377
Fax: (03) 9484 5403
www.linkupvictoria.org.au

CLIENT PERMISSION FOR OTHER SERVICES

I, _____ give permission to Link-Up Victoria staff to access any information held by other services on my behalf to assist in the research about my natural family, including copies of my files.

I understand that files may be held in government departments, welfare agencies, State and/or Commonwealth archives, church organisations, libraries or other places.

I give permission for Link-Up Victoria to access any relevant Birth, Death or Marriage certificates that might be held by any Registry office nation-wide.

I understand that Link-Up Victoria may need to contact interstate Link-Up services and agree for any Link-Up service to undertake searches on my behalf.

For clients who are eligible for a service from the Koorie Family History Service, Koorie Heritage Trust: I give permission for Link-Up Victoria to obtain a copy of my family tree from the Koorie Family History Service, Koorie Heritage Trust. I understand that Link-Up Victoria will keep a copy of my family tree on my file at Link-Up Victoria.

Signature: _____

Print Name: _____

Date: _____

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