



## Link-Up Victoria

### CLIENT APPLICATION

#### SECTION 1:

##### Personal Details

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

#### YOU MUST ANSWER THIS QUESTION

How would you like Link-Up Victoria to assist you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 2:**

**ARE YOU SEARCHING FOR INFORMATION ABOUT YOURSELF? YES NO** (If no, please go to section 3)

Please circle: Adopted Fostered State Ward Institutionalised Other

What year, or how old were you? \_\_\_\_\_

Where were you placed? \_\_\_\_\_

**Mother (Biological)**

Surname: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Other names/Aliases: \_\_\_\_\_

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

Is your mum still alive? YES NO

If No, where and when did she pass away? \_\_\_\_\_

If Yes, Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (M) \_\_\_\_\_

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

**Father (Biological)**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Other names/Aliases: \_\_\_\_\_

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

Is your dad still alive? YES NO

If No, where and when did he pass away? \_\_\_\_\_

If Yes, Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (M) \_\_\_\_\_

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

**Siblings (Biological)**

Please provide information about your siblings including names, birth dates, mum’s or dad’s side: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Adopted or Foster Parents**

What are the names of your adopted or foster parents?

Adopted or Foster Mother: \_\_\_\_\_

Adopted or Foster Father: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (M) \_\_\_\_\_

**Adopted or Foster Siblings**

Please provide information about your siblings including names, birth dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Any documents you have such as birth, death or marriage certificates will assist with your search.*

Do you have your full Birth Certificate?	YES	NO	Adopted or Original?
Do you have your adoption or state ward file?	YES	NO	
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.**





**SECTION 5:**

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 other Link-Up services. Do you consent to your name, date of birth and place of birth being registered on this database?

YES NO

How did you hear about Link-Up? \_\_\_\_\_

Please provide details of any other agencies or organisations assisting you with your search.

Name of worker	Agency	Contact number

Would you like information about counselling support? YES NO

Please read through the Link-Up Victoria Client Rights and Responsibilities booklet and tick the box below once you have read through the booklet.

- I have received and read through the Link-Up Victoria Client Rights and Responsibilities booklet advising me of my rights and responsibilities if I become a client.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note:** 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. I.D needs to be certified by the police to apply for Victorian birth, death or marriage certificates.

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

- Birth Certificate
- Driver's Licence
- Health Care Card
- Medicare Card
- Key Pass
- Bank card (eftpos/keycard) or Credit card
- Student card
- Utility Bill