

# Ephpheta Centre Newsletter Subscription Form

In order for you to receive the Ephpheta Centre's Newsletter and other information about what is happening in the community we need to collect some information from you.

All the information we receive is considered confidential and at no point will it be used for anything other than for the purposes of the Ephpheta Centre.

We will not give your details to anyone unless we have your permission.

Some information is optional; you may choose not to answer some of our questions. You will see an asterisk \* next to some details. These questions *must* be answered for us to be able to send you our newsletter and/or keep you on our database.

If you have any questions in regards to this form please contact us and we will be happy to answer your questions.

Phone	9764 4711
Fax	9764 4722
TTY	9764 4524
Email	office@ephpheta.org.au

Please print out this form, fill it in, then mail to Ephpheta Centre or fax to 9764 4722  
108 The Crescent  
Flemington NSW 2140

\*Your name \_\_\_\_\_

## How can we contact you?

\*Your address \_\_\_\_\_  
\_\_\_\_\_

\*Email address \_\_\_\_\_ Mobile \_\_\_\_\_

\*Home TTY/fax \_\_\_\_\_ Work TTY/fax \_\_\_\_\_

Deaf       Hearing Impaired       Hearing

## Mode of communication you prefer to use

Auslan/sign language       Spoken English

## If you are married or have a defacto partner

Your partner's name \_\_\_\_\_

**How can we contact your partner?**

Email address \_\_\_\_\_ Mobile \_\_\_\_\_

Home TTY/fax \_\_\_\_\_ Work TTY/fax \_\_\_\_\_

Deaf       Hearing Impaired       Hearing

**Mode of communication you prefer to use**

Auslan/sign language       Spoken English

**If you have children**

Your children's names	Age	Deaf	Hearing Impaired	Hearing
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please state what religious denomination you and your family belong to**

**You**

I am a Catholic

I have received:      Baptism       First Communion       Confirmation

I am not a Catholic

**Your partner**

Is a Catholic

Has received:      Baptism       First Communion       Confirmation

Is not a Catholic

**Your children**

Name \_\_\_\_\_

Is a Catholic

Has received:      Baptism       First Communion       Confirmation

Is not a Catholic

Name \_\_\_\_\_

Is a Catholic

Has received:      Baptism       First Communion       Confirmation

Is not a Catholic

Name \_\_\_\_\_

Is a Catholic

Has received:      Baptism       First Communion       Confirmation

Is not a Catholic

Name \_\_\_\_\_

Is a Catholic

Has received:      Baptism       First Communion       Confirmation

Is not a Catholic

I /We would like more information about the Catholic religion

I /We would like our child/children to receive one of the sacraments

                    Baptism       First Communion       Confirmation

\*I would like to receive the Ephpheta Centre’s newsletter in the post      Yes       No

I would like to be contacted by email with extra information that is happening in the community

In the case of emergency, we have found it useful to be able to have contact details of a next of kin living outside of your family home. If you are happy to share these details we will of course keep them confidential and only use them in the case of a serious emergency.

Next of kin name \_\_\_\_\_

Contact number \_\_\_\_\_

Relationship to you \_\_\_\_\_