

Maternal and Child Health

CHANGE OF DETAILS FORM



Child details

Child name: Child DOB:

Child ID:

Primary carer's details

Name: DOB:

Current address:

Phone:

Email:

Previous address:

Is your postal address the same as your residential address? Yes No

If "No", please provide current postal address below:

.....

Spouse details

Name: DOB:

Current address:

Phone:

Email:

Previous address:

Other children details:

Name: DOB:

Name: DOB:

Name: DOB:

Name: DOB:

Does the change of address apply to all family members listed on this form? Yes No

By signing this form you authorise the City of Whittlesea to change the address of all future correspondence.

Signed:

Name: Date:

Privacy Notification Statement

All personal information including Mobile Phone and Email Address are collected from you to ensure that you are provided with the most relevant services in an efficient and effective manner. Your mobile phone number or email address will be used to contact you and may be used for the purpose of sending you reminders of your appointments. The information collected will be shared only with the staff who require it to provide the service. Your personal details are stored in a secure manner and your consent will always be sought prior to using your information to make a referral to another service, if required. Refusal to provide information required may compromise Council's ability to provide you with the service you require.

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