

## REGISTRATION FORM

I have read and understood the Information sheet for CABOOLTURE mums & little ones and I:

- understand that by joining the CABOOLTURE mums & little ones I;
  - will receive free information about local products and services for mums and families.
  - may be contacted for a telephone interview to answer questions about how local services are working for me and my family.
- understand that any information I provide is confidential;
- understand that my **contact details will not be given to anyone** outside of CABOOLTURE mums & little ones, and will not be used for any other purpose without my consent;
- understand that my name or identity **will not** be revealed in any report written about CABOOLTURE mums & little ones;
- understand that the summary reports from CABOOLTURE mums & little ones can be provided to me (at my request), but I will not receive any individual feedback;
- have been assured that I am free to withdraw at any time without comment or penalty.

### PLEASE PRINT

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of \_\_\_\_\_ Telephone \_\_\_\_\_ Home \_\_\_\_\_  
Day Month Year Mobile \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ E-mail \_\_\_\_\_

Are you?  Currently Pregnant:  Estimated Due Date: \_\_\_\_\_  
*(tick the box if it applies to you)*

Mother of a child less than one year old:  Age of youngest child: \_\_\_\_\_

Would you like to receive summary reports : YES:  Preferred Format: Email   
 NO:  Paper

**THANK YOU** for taking the time to register with CABOOLTURE mums & little ones.  
 Please send this form **REPLY PAID** to:

Clancy Wall  
 REPLY PAID 568  
 CABOOLTURE mums & little ones  
 McElwain Building  
 Reply Paid 6469  
 St Lucia, QLD, 4067