



CARER DETAILS				
Title		Given names		Surname
Telephone			Date of birth	
Relationship to client				
EMERGENCY CONTACT DETAILS				
Title		Given names		Surname
Telephone				
Relationship to client				
DECLARATION				
I declare that the information provided is true and correct to the best of my knowledge.				
Applicant name				
Applicant signature			Date	

For assistance completing this form contact Home Assist by telephone on (07) 3810 6662.

Please return to: Home Assist  
 c/ Ipswich City Council  
 PO Box 191, Ipswich QLD 4305

or email [homeassist@ipswich.qld.gov.au](mailto:homeassist@ipswich.qld.gov.au)

Ipswich City Council is collecting your personal information so we can assess your eligibility for services, provide services, and generally administer the Home Assist Program. We will not disclose your personal information outside of council unless we are required by law or you have given your consent. However, in order to perform the above functions, we may need to disclose your personal information to Ipswich City Council contractors, Queensland State Government departments, Australian Commonwealth Government departments, external service providers, auditing bodies, the Aged Care Assessment Team and My Aged Care. By completing and signing this form and returning it to council, we will consider that you have given us your consent to manage your personal information in the manner described in council's Privacy Statement, Personal Information Digest and this collection notice.

*Last reviewed June 2021*

