

Care History Summary Statement Request Form

I would like to apply for my Care History Summary Statement. This will assist me to register with the Forde Foundation and to access other services and resources available to care leavers and Forgotten Australians.

MR / MISS / MS / MRS / OTHER

SURNAME

FIRST NAME

DATE OF BIRTH

MALE / FEMALE

ADDRESS

TOWN/CITY

POSTCODE

PHONE

MOBILE

EMAIL

OTHER NAMES USED IN CARE (if applicable)

NAMES OF INSTITUTIONS (if applicable)

YEARS IN CARE (if known)

OTHER RELEVANT INFORMATION

mother's maiden name
names of siblings
name of foster family

Signature: Date:

- I have provided an original certified copy of my current identification
(driver's licence, passport, birth certificate, prisoner's identity card certified by a Corrective Services Officer)

**WHEN COMPLETED PLEASE SEND THIS FORM TO:
Forde Foundation, GPO Box 806, BRISBANE QLD 4001**

Privacy notice: Forde Foundation is collecting your personal information for the purposes of assisting you obtain your care history summary statement from the Department of Communities, Child Safety and Disability Services to enable you to register with the Forde Foundation and access resources available to Forgotten Australians. Your personal information will be managed in accordance with the *Information Privacy Act 2009*.