



## Forde Foundation Registration Form

I would like to register with the Forde Foundation.

MR / MISS / MS / MRS / OTHER

SURNAME

FIRST NAME

DATE OF BIRTH

MALE / FEMALE / TRANSGENDER

ADDRESS

TOWN / CITY

POSTCODE

PHONE

MOBILE

EMAIL ADDRESS

How did you get to know about the Forde Foundation?

- Lotus Place (Brisbane, Rockhampton, Townsville)
- Community organisation (please specify) \_\_\_\_\_
- Friend / Family
- Other (please specify) \_\_\_\_\_

I have attached my Care History Summary Statement  YES

Signature: .....

Date: .....

WHEN COMPLETED, PLEASE SEND THIS FORM (together with your Care History Summary Statement) TO: The Forde Foundation, GPO Box 806, BRISBANE QLD 4001 OR EMAIL it to: [fordefoundation@communities.qld.gov.au](mailto:fordefoundation@communities.qld.gov.au)

**Privacy notice:** The Forde Foundation is collecting your personal information for the purposes of assisting you to apply for grants from the Forde Foundation Trust Fund. Your personal information will be managed in accordance with the *Information Privacy Act 2009*.