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| **Service Stream:** | Family Services | **Category** | Supported Independent Living |

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| **Declaration – for workers to read to enquirer** |
| *Before talking further, I’d like to make you aware of the following:*   * *Our discussion, and any ongoing discussions, will be recorded and kept by MCS. We’ll collect, use, store and disclose this information properly and appropriately. If you’d like more information about how we keep your information private, you can see our Privacy Policy on the MCS website or we can send you a copy.* * *The information that you give us today will be used to assess your suitability to become a Lead Tenant. You consent to us using this information, and any further information, as we need to in relation to the Lead Tenant program.*   ***If the enquirer does not consent to this, only provide general information or discontinue enquiry.*** |

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| **General details** | | | | | | |
| Name of enquirer | Click here to enter text. | | Age | | Click here to enter text. | |
| Contact phone number/s for enquirer | | Click here to enter text. | | | | |
| Current address of enquirer | | Click here to enter text. | | | | |
| MCS worker assisting with enquiry | |  | | Position | |  |

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| **General information** | | | | |
| Current living situation | Click here to enter text. | | | |
| Do you have any children or pets? | Click here to enter text. | | | |
| What are your daytime activities? | Click here to enter text. | | | |
| What experience do you have working with young people? | Click here to enter text. | | | |
| What do you expect the role involves? | Click here to enter text. | | | |
| Any health concerns? | Click here to enter text. | | | |
| What is the reason for your interest in the role? | Click here to enter text. | | | |
| Where did you hear about the position? | Click here to enter text. | | | |
| Any other relevant info we should know? | Click here to enter text. | | | |
| Current police check? | Yes  No | Current Blue Card? | | Yes  No |
| Would you like us to send out a MCS Lead Tenant Information Pack? | | | Yes  No | |
| **MCS worker should provide some general information about the program.** | | | | |

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| **MCS Follow-up** | | | |
| Date Info Pack mailed |  | Date entered into enquiry register |  |