

# ATP Member contact sheet

First name \_\_\_\_\_ Surname \_\_\_\_\_

Previous surname (if applicable) \_\_\_\_\_

ATP ID number (if known) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone (home) (\_\_\_\_) \_\_\_\_\_ Telephone (work) (\_\_\_\_) \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Previous address (if changed) \_\_\_\_\_

## Best alternative contact (relative or friend who is NOT living with you)

Occasionally we lose contact with ATP participants. It is very helpful to contact someone who will know your whereabouts when this occurs. We would be grateful if you would please do so below.

Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

## Parenting

Are you or your partner expecting a baby? Yes / No If so, when is your baby due? \_\_\_\_\_

Are you the parent or step parent of a child? Yes / No

If yes, please tell us your child's/children's birth date and sex, and how you are related to the child:

Your child's birth date	Your child's sex (please circle)	How you are related to the child (please circle or describe)
____ day ____ month ____ year	Boy Girl	Biological parent Step parent Other _____
____ day ____ month ____ year	Boy Girl	Biological parent Step parent Other _____
____ day ____ month ____ year	Boy Girl	Biological parent Step parent Other _____
____ day ____ month ____ year	Boy Girl	Biological parent Step parent Other _____

**Thank you for your support!**

FOLD 1ST

FOLD 2ND

 FOLD 1st

**CONFIDENTIAL**

Attn: ATP

**Delivery Address:**  
Level 20  
485 La Trobe Street  
MELBOURNE VIC 3000

No stamp required  
if posted in Australia



Australian Institute of Family Studies  
Reply Paid 84596  
MELBOURNE VIC 3000

 FOLD 2nd