



EMAIL REGISTRATION FORM

Title		Family Name		
		Given Name		Gender

Address

Street Address			
Suburb		Postcode	

Contact Details

Daytime		Fax	
Email Address		Mobile	

About you and your caring role

Are you a Carer?			
Who do you care for?			
Conditions cared for?			
Do you live with care recipient			
How many years have you been caring?			
Your DOB		Care Recipients DOB	

Carers WA E-Counselling

How did you hear about Carers WA e-counselling?			
Have you used Carers WA counselling services before?			
If yes, please specify			
Would you like a follow up contact from a Carers WA counsellor by:			

<input type="checkbox"/> Phone	Please give contact number:	
<input type="checkbox"/> Email	Please give Email address:	

Thank you for registering for Carers WA email counselling service. Please save this form to your computer and return to us via email as an attachment. If you're having trouble please email us chat@carerswa.asn.au

To contact a counsellor email: chat@carerswa.asn.au

Carers WA will send you a complimentary newsletter. If you do not wish us to send you this or further information please tick this box .