

	Northern Territory Stolen Generations Aboriginal Corporation Providers of TOP END LINK UP SERVICE	
	PO Box 43372. CASUARINA, NT 0811 Suite A, Ground Floor, Building 3, Cascom Centre 13 - 17 Scaturchio Street, CASUARINA, NT 0811	Phone: (08) 8947 9171 Fax: (08) 8947 9173 Web www.ntsgac.org.au : ABN: 62 799 754 727

CONFIDENTIAL

CLIENT INTAKE LINKUP FORM

Please note that you may not be able to answer all questions, just answer the questions that you can. Once you have completed and signed the form your eligibility will be discussed with the CEO and if your request is approved you will assigned to an available / relevant caseworker as soon as possible.

All staff of the NTSGAC Link-Up Program work towards Moral, Ethical and Cultural Standards of Work Practices.

The caseworker will then contact you and book an appointment to discuss what assistance NTSGAC will be able to provide you.

THREE TYPES OF IDENTIFICATION MUST BE ATTACHED TO THIS APPLICATION FORM IE MEDICARE, LICENSE OR PHOTO ID ETC

Clients are responsible for keeping contact details up to date with NTSGAC Link- Up (e.g. Address, Phone Number etc. All of these forms need to be signed before any family tracing can commence.)

CLIENT DETAILS

Full Name:

Gender: Male Female

Date of Birth:

Place of Birth:

Indigenous Heritage:

CURRENT ADDRESS

Address:

Suburb:

State:

Post Code:

CONTACT DETAILS

Phone (Home): Phone (Work):

Mobile:

Fax:

Email Address:

Preferred Method of Contact: Email Phone
 Mail Face to Face

Best Time to Contact:

Referral Source: (Where did you hear about NTSGAC?)

SERVICE REQUIRED

Have you had assistance from another Link-Up Service? Yes No

REASON FOR SEEKING ASSISTANCE

- Adoptee seeking siblings
- Birth Certificate searches
- Counselling
- Family Research
- Family Tracing (who are you seeking)
- Grew up with natural family but seeking siblings who were removed
- Guidance & Support
- Healing Camps
- Parent seeking child/ren made wards of the state
- Parent seeking child/ren relinquished for adoption
- Referrals
- Reunion Management (Return to family, country, graveside, etc)
- Seeking other family members
- State Ward seeking siblings
- Stolen Generation Person seeking records only

Is there someone supporting you on your journey and do you want them present at meetings? Yes No

Do you have any preferences for a male/female case worker? No Male Female

CLIENT STATUS

Who was removed?

Relationship to client

What year was the person separated from family?

What state/territory did this occur in

Where were they placed?

Circumstances of removal

NEXT OF KIN

Full Name:

Relationship to client

Phone (Home):

Phone (Work):

Mobile:

Fax:

Email Address:

RESEARCH ACTIVITY

Have you completed or commenced searches? Yes No

Have you been successful in accessing any records? Yes No

What records do you want to access?

FAMILY INFORMATION (if known)

MOTHER

First Name:

Surname:

Date of Birth:

Place of Birth:

Indigenous Heritage:

Language Group:

Is Mother still alive? Yes No

FATHER

First Name:

Surname:

Date of Birth:

Place of Birth:

Indigenous Heritage:

Language Group:

Is Father still alive? Yes No

SIBLINGS

Relationship	First Name	Surname	Date of Birth

THIRD PARTY CONSENT

Is this request on behalf of another family member? Yes No

If so, Name of Person:

Relationship:

BACKGROUND INFORMATION

Is eligibility for Link-Up services established? Yes No

CLIENT DOCUMENTATION PROVIDED

OFFICE USE ONLY:

Intake Officer:

Date of Initial Contact:

Allocated CSO:

Allocated Caseworker:

Method of Contact: Email Phone Mail
 Fax Face to Face

Referral Date:

CEO Authorisation:

Shared client record's ID Nationally? **Yes** **No**

Application for Release of Personal Information in Commonwealth Records

I request access for myself or my agent to any information about:

Name: [redacted]
Relationship: [redacted]
(self, spouse, child, parent, auntie/uncle, grandparents etc)

Name: [redacted]
Relationship: [redacted]
(self, spouse, child, parent, auntie/uncle, grandparents etc.)

in Commonwealth records more than 30 years old held in the **National Archives of Australia.**

I understand that because of the way the records were created, I may see personal information about other people, including information which is normally withheld from public access under the *Archives Act 1983*.

I will not reveal sensitive information about a person without the written consent of the person (or the next of kin if the person has died or cannot make legal decisions).

I agree to take all reasonable steps to safeguard personal information contained in copies I obtain.

I understand that if I break these conditions, research privileges under the Memorandum of Understanding will be withdrawn from me or my agent by the **National Archives of Australia.**

Name: [redacted]

Address: [redacted]

Applicant's Signature: [redacted] Date: [redacted]

I authorise the following person/s to look at and request copies ONLY of the records for me:

Name of Agent: NTSGAC Assigned Caseworker and / or Research Officer

Organisation: NT Stolen Generations Aboriginal Corporation

Applicant's Signature: [redacted] Date: [redacted]

CONTINUATION SHEET

**Application for Release of Personal Information in
Commonwealth Records**

(to be attached to Form A)

I request access for myself or my agent to any information about:

Name:
Relationship:
(self, spouse, child, parent, auntie/uncle, grandmother etc)

Name:
Relationship:
(self, spouse, child, parent, auntie/uncle, grandmother etc)

Name:
Relationship:
(self, spouse, child, parent, auntie/uncle, grandmother etc)

Applicant's Signature: Date:

Agent's Signature: _____ Date: _____

Application for Release of Personal Information in Commonwealth Records

I request access as an agent to any information in Commonwealth records more than 30 years old held in the **National Archives of Australia** on behalf of clients who have completed an Application for Release of Personal Information in Commonwealth Records [attached] and have nominated me as their agent.

I understand that because of the way the records were created, I may see personal information about people other than my clients, including information which is normally withheld from public access under the *Archives Act 1983*.

I will not reveal sensitive information about a person without the written consent of the person (or the next of kin if the person has died or cannot make legal decisions).

I agree to take all reasonable steps to safeguard personal information contained in copies I obtain.

I do not have permission to use the personal information contained in copies I obtain for this research for any other purpose unless with written permission of the applicant.

I will use information obtained as an Agent under the Memorandum of Understanding for the specific purpose as authorised by the person on Schedule 1.

I will explain these conditions to my client/s.

I understand that if I break these conditions, my research privileges under the Memorandum of Understanding will be withdrawn by the National Archives of Australia.

Name: _____

Organisation: NT Stolen Generations Aboriginal Corporation

Address: P.O. Box 43372, Casuarina NT 0811

Agent's Signature: _____ Date: _____

NOTE: THIS FORM MUST BE ACCOMPANIED BY AN 'APPLICANT'S FORM - Memorandum of Understanding: Schedule 1'

Access Request Form

Protocol for Access to Northern Territory Government Records
By Aboriginal People Researching their Families

I request access for myself or my agent to records of the Northern Territory Government about:

Name: _____

Relationship to me (self, spouse, child): _____

I understand that because of the way the records were created, I may see personal information about other people, including information which is normally withheld from public access.

I will not reveal sensitive information about a person without the written consent of the person (or the next of kin if the person has died or cannot make legal decisions).

I understand that if I breach these conditions, research privileges will be withdrawn from me or my agent by the Northern Territory Government.

Name: _____

Address: _____

Organisation: NT Stolen Generations Aboriginal Corporation

Furthermore, I agree to indemnify the Registrar of Births, Deaths and Marriages, the Northern Territory of Australia (together with all other servants, agents and employees of the Northern Territory of Australia or the Registrar) in respect of any claims or demands whatsoever which may be made against or in respect of any such person arising out of any loss or damage (including loss or damage to reputation) incurred by any person as a result of any use (whether or not such use is a use permitted by the Registrar) of any information in the hands of the applicant (or in the hands of any servant, agent, member of, employee or employer of the applicant).

Signed: _____ Date: _____

Agents Authorisation

I authorise the following person/s as my agent to have access to the records and request copies of the records for me.

Name of Agent: _____

Organisation: NT Stolen Generations Aboriginal Corporation
P.O. Box 43372, CASUARINA NT 0811

CONSENT TO THE SHARING OF PERSONAL INFORMATION

By becoming a client of the NTSGAC Link-Up Program:

- I give permission to NTSGAC Link-Up staff to access any information held by other services on my behalf to assist in the research about my natural family, including copies of my file.
- I understand that files may be held in government departments, welfare agencies, State and/or Commonwealth archives, church organisations, libraries or other places.
- I give permission for NTSGAC Link-Up to access any relevant Birth, Death or Marriages certificates that may be held by any Registry office nationwide.
- I understand that NTSGAC Link-Up may need to contact interstate Link-Up services and agree for any Link-Up to undertake searches on my behalf.

Would you like to be included on the NTSGAC Link-Up mailing list by becoming a member of NTSGAC?

- Yes
- No

Do you consent to your photograph being used for promotional purposes?

- Yes
- No

The Link-Up National Name Index improves family tracing services. Do you consent to your name, date and place of birth being placed on this database?

- Yes
- No

I have been told about how my personal information will be handled:

- I understand that my information may be held in paper and/or electronic files
- I understand that NTSGAC takes all reasonable steps to ensure that the information gathered is stored securely
- I understand that NTSGAC is required by law to keep client records for certain periods depending on type of record
- I understand that NTSGAC has appropriate systems and policies in place to protect my information from loss, unauthorised access and misuse

I give consent for NTSGAC for the sharing of my personal information

- I understand staff will only use or share information for purposes directly related to my case and where I have given my consent
- I am aware that at times NTSGAC works with other service providers (eg visiting specialists) who will have access to my personal information to support my case

OR

I do not give permission for the sharing of my personal information

YOUR REQUEST NOT TO SHARE INFORMATION WILL BE RESPECTED UNLESS:

- there is a risk of harm to you or to others
- without information being shared, a child, young person, or member of their family is at risk of serious harm, abuse or neglect
- there is a risk to public safety, or
- the information is required by a court or tribunal or to comply with laws eg to report notifiable diseases or for registering births or deaths)

Print client name: _____

Client signature: _____

Print client name: _____

Guardian's Signature: _____
(Guardian – as appointed by a Court of Law, Guardianship Board of the NT or if a client is under the age of 16)

Name & Relationship to Client: _____

Date: _____ / _____ / _____