

STAFF-IN-CONFIDENCE (After first entry)

Department of Defence

**National Welfare Coordination Centre
Family Registration**


This information supplied by you is required for the purpose of personnel administration and family support and may be released to military and departmental authorities to support you and your family.

Send completed forms to:

NWCC
HQ JOC
A.C. Lewis House
20A Wylde Street
Potts Point NSW 2011
Fax: 02 9359 4875

Date of departure	Expected date of return	Operation or exercise name
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Member's details

Service Navy <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Civilian <input type="checkbox"/>				Service number	PMKeyS number
Rank or title	Given name(s)		Family name		
Preferred name	Date of birth	Religion		Category, corps or mustering	
Home unit, ship or department			Parent unit, ship or department attached to		
Unit, ship or group deployed with or to			Sex	Marital status (<i>Single, defacto, married etc.</i>)	
Category Permanent force <input type="checkbox"/> OR Reserve force <input type="checkbox"/>  High readiness reserve <input type="checkbox"/> Active reserve (FTS) <input type="checkbox"/>					

Emergency contact details

You are required to nominate at least one person who can be contacted in the event of your injury, illness or death or for any welfare-related matters during your deployment. Nomination of an additional contact person is optional, but advisable in case there are difficulties in locating your primary contact.

The person(s) nominated as your emergency contact on this form must be the same person(s) nominated as your Emergency Contact or Next of Kin on PMKeyS. Nomination of a person as an emergency contact for casualty notification purposes does not in any way automatically entitle that person(s) to any benefits or entitlements that may result from a member's death or infirmity.

Nominated contacts must be over 18 years of age.

Primary emergency contact

Title or rank	Given name(s)	Family name	Relationship
Residential address			Religion
			Home phone
Postal address (<i>If different from above</i>)			Work phone
			Mobile phone
Is your above nominated primary contact your Next of Kin? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Special considerations (<i>eg Non-english speaking, health issues etc</i>) Attach a separate page if required.			

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Additional emergency contact

Title or rank	Given name(s)	Family name	Relationship
Residential address			Religion
			Home phone
Postal address <i>(If different from above)</i>			Work phone
			Mobile phone
Is your above nominated additional contact your Next of Kin?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Special considerations <i>(eg Non-english speaking, health issues etc)</i> Attach a separate page if required.			

Deployed person's dependant children

First name <i>(Include family name if different to member's name)</i>	Sex	Date of birth	Contact child is staying with during deployment <i>(Indicate either primary, additional or other contact)</i>

If 'Other', with whom will the children be staying? *(Contact must be over 18 years of age)*



Title or rank	Given name(s)	Family name	Relationship to child
Residential address			Religion
			Home phone
Postal address <i>(If different from above)</i>			Work phone
			Mobile phone

Special needs - Are you a family with a special needs dependant?

Yes No



If 'Yes', please indicate the dependant's name and diagnosis of the special needs ie learning problems, asthma, alzheimers etc.

Family name	Given name(s)	Brief description of special needs

Would you like contact from the special needs support group in your area?

Yes No

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Family information

In accordance with [DI\(G\) PERS 42-1](#), NWCC has a responsibility to provide your emergency contact(s) with advice about support available to them through Defence. At a minimum they will receive a letter from NWCC outlining the services available.

NWCC family information pack

Would you like your family and/or emergency contact to receive a NWCC family information pack? This pack includes additional information about coping with deployment, contact numbers for Defence family support agencies and information about sending mail to deployment locations.

Primary contact Yes No Additional contact Yes No

Children (*Where they do not reside with a nominated emergency contact*) Yes No N/A

Defence Community Organisation contact

Would you like a Family Liaison Officer (*FLO*) from the Defence Community Organisation (*DCO*) in the local area to make contact with your family and/or emergency contact during your deployment? The FLO would provide information, support and advice about local Unit and/or DCO sponsored deployment support activities and provide regular information updates.

Primary contact Yes No Additional contact Yes No

Other considerations

Please provide any other information the National Welfare Coordination Centre may need to know.
(*Family medical or health problems, transport problems, family on holiday or moving, spouse or partner pregnant, person needed to provide support to nominated contact etc.*) Attach a separate page if required.

Have you lodged your Will?

Yes No



Where is your Will lodged?

I have checked my PMKeyS information and it reflects the details provided on this Family Registration Form

Yes No

Note 1: The information provided on this form does not take precedence over PMKeyS.

Note 2: In providing the details of my nominated primary emergency contact, I understand that if a serious incident occurs that involves me, my nominated primary emergency contact will automatically be notified of the serious incident without further reference to me. Serious incidents include: Absence without Leave for a period in excess of 48 hours, serious injury or serious illness.

Signature	Printed name	Date
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