

STAFF-IN-CONFIDENCE (After first entry)

AC 989
Revised 1 Sep 2011

Department of Defence

National Welfare Coordination Centre Family Registration

Fax completed forms to:
NWCC
HQ JOC
Bungendore
02 6128 4144

The 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.

Date of departure	Expected date of return	Operation or exercise name

Member's details

Service:				
Navy <input type="checkbox"/>	Army <input type="checkbox"/>	Air Force <input type="checkbox"/>	Civilian <input type="checkbox"/>	AGS number: <input type="text"/>
Rank or title	Family name	Given name(s)	Employee ID	
Date of birth	Religion	Gender	Marital status	Parent unit in Australia
Assigned to: Either 'Operational assigned TF/TG' (eg TF 633.12) or 'Other' (eg Longlook)				

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. **This person MUST be the same as nominated in PMKeyS.**

Primary emergency contact (As per PMKeyS)

Rank or title	Family name	Given name(s)	Relationship
Residential address for duration of member's deployment (You MUST include the postcode)			Home phone
			Work phone
			Mobile phone
Special considerations (eg Non-English speaking, health issues, etc.)			
Is the primary emergency contact your Next of Kin?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			

Additional emergency contact (As per PMKeyS)

Rank or title	Family name	Given name(s)	Relationship
Residential address for duration of member's deployment (You MUST include the postcode)			Home phone
			Work phone
			Mobile phone
Special considerations (eg Non-English speaking, health issues, etc.)			
Is the additional emergency contact your Next of Kin?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			

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Family information

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 service available.

Defence Community Organisation (DCO)

The DCO in the local area will use the information contained in this form to make contact with your family during your deployment. *(DCO is able to provide information, support and advice about local unit and/or DCO sponsored deployment support activities.)*

Special needs

Have you been recognised as a family with special needs? If so, would you like contact from the special needs support group in your area?

Yes

No

Member's declaration

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

I understand that the information provided on this form does not take precedence over PMKeyS.

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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Unit verification

Unit stamp

PMKeyS checked by Unit Chief Clerk or Admin Officer

Signature	Printed name	Date
Email	Phone number	Fax number