



## Sign-in sheet

By listing your details you confirm all information is true and accurate, and give permission for your details to be added into the Be Connected learner management system and have been informed that your details will be:

- Used for tracking their progress against funded learning programmes run by Good Things Foundation, reporting and improving products in line with our privacy policy
- Shared between your support centre, Good Things Foundation and The Australian Government Department of Social Services
- Never be sold on to any other third parties

riist name.	Last name.
Email Address: (optional)	
Phone Number: (optional)	
Date of birth:/	_/ Country of Birth:
Postcode:	Suburb:
What language is spoken at home?:	
Gender: • Male • Fe	emale □ Intersex □ Prefer not to say
Are you of Aboriginal or Torres Strait Islander Origin?	
Do you have a disability?	□ Yes □ No □ Prefer not to say ↳ How would you describe your disability?
	<ul> <li>Sensory/Speech</li> <li>Intellectual/Learning</li> <li>Psychiatric</li> <li>Other/prefer not to say</li> </ul>
Office use only:	/ □ Entered in CaptureIT





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