Australian Government

Department of Home Affairs

Status Resolution Support Services Programme
Understanding safety in and around the home

Form

1451

How will the Department of Home Affairs (the Department) safeguard my privacy?

Your personal information is protected by law, including the *Privacy Act 1988*. Important information about the collection, use and disclosure (to other agencies and third parties, including overseas entities) of your personal information, including sensitive information, is contained in form 1442i *Privacy notice*. Form 1442i is available from the Department's website **www.homeaffairs.gov.au/allforms/** or offices of the Department. You should ensure that you read and understand form 1442i before completing this Agreement.

Please open this form using Adobe Acrobat Reader. Either type in the fields provided or print this form and complete it using a pen and BLOCK LETTERS.

Tick where applicable ☑

1 Individual's full name

Family name

Given names

DAY	MONTH	YEAR

Date of birth   /   /

Persons ID

ImmiCard number *(if applicable)*

2 **Acknowledgement**

I acknowledge that my Status Resolution Support Services (SRSS) Provider has given me and my family (where applicable):

- an orientation of emergency and fire safety procedures; and
- advice on safe gardening practices.

Information included:

- what to do if a smoke alarm activates;
- what to do in an emergency situation;
- how to call emergency numbers, such as 000 and how to use an interpreter if needed;
- safe cooking practices;
- safe use of heaters and electronic appliances.

In regard to safe gardening practices, information included:

- correct use of gardening equipment;
- importance of suitable clothing and footwear; and
- appropriate storage of poisons and dangerous items, such as weed killer and petrol.

Signature of individual

DAY	MONTH	YEAR

Date   /   /

Witness (SRSS Provider)

Signature of witness

DAY	MONTH	YEAR

Date   /   /

Full name *(block letters)*

3 Was an interpreter used?

No ☐

Yes ☐ ▶ Give details

Interpreter's full name *(block letters)*

TIS number

Signature of interpreter

DAY	MONTH	YEAR

Date   /   /