



The Homestead
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TENANT CONTACT INFORMATION FORM

Personal

Title: _____ First Name: _____ Surname: _____
Address: _____
Home Phone: _____ Mobile Phone: _____
Date of Birth: _____ Email: _____

Next of Kin

Name: _____ Relationship: _____
Mobile Phone: _____ Email: _____

Emergency Contact

Name: _____ Relationship: _____
Mobile Phone: _____ Email: _____

Spare Key Holder

Name: _____ Relationship: _____
Mobile Phone: _____ Email: _____

Medical

General Practitioner: _____ Phone: _____

Home Care Package Provider (if any): _____

Other information you would like CVP to know (Will, Advanced Health Directive, for instance)

I declare that persons named on this form have been informed that their personal information is being disclosed to CVP.

Signed: _____ Date: _____