

ALLEGED ABUSER/S DETAILS

Title: (eg: Mr, Mrs) First Name: _____ Preferred Name: _____

Middle Name: _____ Surname: _____

Physical Address: _____
(Unit) (Street Number) (Street Name)_____
(Suburb) (City) (Postcode)

Contact Number/s: _____

Date of Birth: ____ / ____ / ____ Ethnicity: _____ Relationship to client: _____

Other relevant Information: _____

_____**EPoA (Enduring Power of Attorney) information**Is there a current EPoA in place? **Yes / No**Has the EPoA been activated? **Yes / No**

Name of person who is EPoA for Health and Wellbeing and contact details?

Name: _____

Contact Phone Number: _____

Name of person who is EPoA for Property and Finance?

Name: _____

Contact Phone Number: _____

