# Disability Engagement Register - Leave

Disability SA

## Please remove my details from the register

Today’s date (dd/mm/yyyy): / /

Title *(optional):* Miss [ ]  Ms [ ]  Mrs [ ]  Mr [ ]  Other [ ]  *(please specify)*

First name: Last name:

Date of birth *(dd/mm/yyyy):*  / /

Street address:

Suburb/town: Postcode:

Daytime phone number (home/mobile):

Email address:

We welcome your feedback and comments (optional)

***Contact Disability SA on 1300 786 117*** *if you have any questions about completing this form.****Please note:*** *Any information you provide in this form will be kept strictly confidential and will be stored in a secure file. Your personal information will be used only for the purpose of maintaining the Register and will not be distributed to third parties, except where required by law.*

***Lodge completed form:*** Please forward to Disability SA by post or email:

Mail to: PO Box 70, Rundle Mall, ADELAIDE SA 5000

Email to: DCSIDisabilityTalk@sa.gov.au