*Fill out every applicable section of this form. Mark any non-applicable sections with* ***N/A***

**Section 1: Personal details**

| **First name** |  | **Middle name/s** |  |
| --- | --- | --- | --- |
| **Surname** |  | **D.O.B (DD/MM/YYYY)** |  |
| **Address**  |  | **Phone**  |  |
| **Email**  |  |
| **NDIS number**  |  |
| **Previous names used** (if applicable) |  |
| **Background** (tick all that apply) | ❑ **Aboriginal**  ❑ **Torres Strait Islander** ❑ **Not Aboriginal or Torres Strait Islander** |

**Section 2: Emergency contact details**

| **Emergency contact name** |  | **Relation to participant** |  |
| --- | --- | --- | --- |
| **Contact number** |  |
| **Address** |  |
| **Email** |  |
| **Support Coordination Agency** |  |
| **Support Coordinator Name, phone and email**  |  |

 **Section 3: Existing conditions**

*Any health, medication, disability, environmental, safety risk, emotional/behavioural, cognitive/developmental, mobility, nutrition or dietary conditions relevant to the participant’s care.*

*Where possible, obtain management plans for these conditions (e.g. health plan, behaviour management plan, epilepsy plan, asthma plan, allergy plan).*

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

 **Section 4: Preferences of the participant**

*Any special cultural, language, communication and support needs/preferences that the participant has*

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

*Any other personal views of the participant or parents/carers*

|  |
| --- |
|  |
|  |

**Section 5: Likes and dislikes**

*The participant’s likes and dislikes regarding any aspect of their lives, including the support and intervention they receive.*

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Section 6: NDIS Goals and NDIS plan dates & Financial Intermediary**

|  |
| --- |
|  |
|  |
|  |
|  |

**Section 7: Social and leisure**

*The participant’s social and/or leisure preferences*

|  |
| --- |
|  |
|  |
|  |
|  |

**Section 8: Services**

***Information about the services that you intend to provide***

| **Service type** (e.g. epilepsy management) | **Service description** | **Timeframe**  |
| --- | --- | --- |
|  |  |  |

***Information about people responsible for undertaking and managing services***

| **Name & Company** |  |  |
| --- | --- | --- |
| **Contact Number & Email** |  |  |
| **Position** (e.g. service coordinator) &**Responsibilities** |  |  |

**Section 9: Signatures**

*All relevant parties should sign off to agree that the information on this form is correct and that the proposed services are suitable. All parties must also sign separate service agreements in order to proceed with services.*

*The participants have the right to access and correct the information held by us at any time.*

| **Participant’s signature** |  |
| --- | --- |
| **Name of participant** |  |
| **Advocates/guardian’s signature** |  |
| **Name of advocate/guardian** |  |
| **Organisation representative’s signature** |  |
| **Name of organisation representative** |  |
| **Date** |  |