

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	🗆 Aboriginal 🛛 Torres Strait Islander		
apply)	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. <u>All parties must also sign separate service agreements in order to proceed with services.</u>

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	