

PARTICIPANT REGISTRATION FORM

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)	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> 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			

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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

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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		

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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	