

PARTICIPANT INFORMATION	<u>1</u>				
First Name:	Surname:	Diagnosis:			
Date of Birth:					
Female □ Male □					
Home Number:	Mobile Number:				
Address:					
Home Setting: Private Rental □	Supported Accommodation \square Aged/Nursing Home \square				
Email Address:					
Cultural Background:	Interpreter required: Yes \square	No □			
NEXT OF KIN INFORMATION					
First Name:					
Surname:					
Home Number:	Mobile Number:				
Email Address:					
Relationship to Participant:					
NDIS PLAN INFORMATION					
NDIS Fund Management					
Self-managed plan □	NDIS plan managed □	Plan managed □			
NDIS Reference Number:					
NDIS Plan Dates Start Date / / Review Date: / /					
PLEASE ATTACH THE NDIS PLAN ON THE THIS FORM					

ABOUT ME			
Likes and dislikes of the participant:			
GOALS			
SHORT – TERM			
MEDIUM – TERM			
LONG – TERM			
LONG - TERM			
ANY CONCERNS RISKS			
Allergies: □			
Medical Alerts: □			
Behaviours of Concern:			

PREFERRED DAYS / HOURS OF SERVICE					
DAYS		TIMES OF SUPPORTS			
Monday:					
Tuesday:					
Wednesday: □					
Thursday:					
Friday:					
Saturday:					
Sunday:					
Any:					
NDIS: Hours approved: Total cost:					
NDIS Support Category:					
SUPPORT	CO-ORDINATOR D	ETAILS			
Coordinato	r Name:	Organisation:			
Name:		Contact Number:			
Address:		Email Address:			
REFERRER DETAILS: IF SEPARATE TO COORDINATOR					
Referrer Na		Organisation:			
Name:		Contact Number:			
Address:		Email Address:			
Address:		Email Address:			

PAYMENT/INVOICING DETAILS					
Portal Service bookings required - Yes: □ No: □					
If no, invoicing / Plan Manager details as follows:					
Phone:					
Fax:					
DETAILS OF EXISTING TEAM TO SEND FEEDBACK TO					
Service:	Contact details: phone, email, fax				
	s required - Yes: [Manager details as Phone: Fax:				