

PARTICIPANT INTAKE FORM

1. Participant Details

Participant Name			DOB:	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
Contact details	Home		Mobile	
Email address				
Language spoken at home:			Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred option for communication	<input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Phone		Do you identify as Aboriginal and Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Residential Address:				
Postal Address (if different from above)				

Participant Representative details:

Name of client representative				
Relationship to participant	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Plan nominee <input type="checkbox"/> Other <input type="text"/>			
Residential Address:				
Postal Address (if different from above)				
Contact details	Home		Mobile	
Email address				

2. EMERGENCY CONTACT:

Name				
Relationship to participant				
Residential Address:				
Postal Address (if different from above)				
Contact details	Home		Mobile	
Email address				



Is there a Guardianship and/or Administration order in place?

Yes No

PRIMARY Disability / Medical Conditions AND OTHER including any diagnosis if relevant.

3. Health Care Information

Medicare Number		Expiry Date:	
		Reference Number:	
Private Healthcare Provider		Membership Number	
		Reference Number	
Ambulance Subscription number		Health care CRN Number	
Companion card number & Expiry			

Doctor Name	
Address	
Phone Number	



4. Funding Type

NDIS Managed (A copy of the NDIS plan MUST BE provided for NDIA managed participants)

Plan Managed

Name of Plan manager	
Email	
Mobile	
Address	

Self-Managed

Name of contact person	
Email	
Mobile	
Address	

5. Support Requirement

Support type (Community access/ daily activities/ SIL & etc):	
Shift requirement (Preferred day and time):	
Support worker preference:	
Religious/cultural preferences:	
Other:	

6. NDIS Goals and Aspirations

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7. Other Relevant Information:

- These records are owned by this organisation.
- Information within these records will be shared with other staff within the organisation on and only when staff require the information to carry out their duties.
- I can ask to see records and receive a copy.
- Records are archived for a set period according to policy and procedure.
- I understand that all information obtained will be kept confidential.

To the best of my knowledge, the information provided in this form is true and correct:

Signature of Participant or Parent/Caregiver: _____

Name: _____ Date: _____

Relationship to participant: _____