| 1. **Participant Details:** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Name:** | {full\_name} | | | | |
| **NDIS number:** | {ndis\_number} | | | | |
| **Plan Dates:** | {plan\_date\_from} - {plan\_date\_to} | | | | |
| **Review Date:** | {review\_date} | | | | |
| **DOB:** | {dob} | | **Gender:** | {gender} | |
| **Address:** | {address} | | **State:** | {state} | |
| **Email Address:** | {email} | | **Phone:** | {phone} | |
| **Preferred Contact Person:** | {contact\_person} | | | | |
| **Funding** | {funding\_checkbox} | | | | |
| 1. **Preferred contact may include plan nominee/family member or other:** | | | | | |
| **Name:** | |  | | | |
| **Relationship to participant:** | |  | | | |
| **Address:** | |  | | | |
| **Contact phone number:** | |  | | | |
| **Email Address:** | |  | | | |
| **Special Considerations:** | |  | | | |

|  | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Diagnosis or Health Concerns** | | | | | | | |
| {diagnosis\_concerns} | | | | | | | |
| **Other Information** | | |  | | | | |
| Country of Birth: {country} | | | Number of years in Australia (if not born in Australia): (years\_in\_australia) | | | | |
| Main language spoken at home: {language\_spoken} | | | Is a language Interpreter required? **☐**  Yes  **☐**  No | | | | |
| **Emergency Details (Primary Contact)** | | | | | | | |
| Contact Name: {emergency\_fullname} | | | Relationship: {emergency\_relationship} | | | | |
| Home Phone No: {emergency\_home\_phone} | | | Mobile No: {emergency\_mobile\_phone} | | | | |
| **Emergency Details (Secondary Contact)** | | | | | | | |
| Contact Name: {emergency\_fullname\_secondary} | | | Relationship: {emergency\_fullname\_secondary} | | | | |
| Home Phone No: {emergency\_home\_phone\_secondary} | | | Mobile No: {emergency\_mobile\_phone\_secondary} | | | | |
| **GP Medical Contact** | | | | | | | |
| Clinic Name: {gp\_clinic\_name} | | | Email Address: {gp\_email\_address} | | | | |
| Surname: {gp\_surname} | | | First Name: {gp\_first\_name} | | | | |
| Address: {gp\_address} | | | | | | | |
| Telephone Number: {gp\_telephone} | | | Mobile Phone Number: {gp\_mobile} | | | | |
| **Living and Support Arrangements** | | | | | | | |
| What is your current living arrangement? (Please tick the appropriate box)  **☐** Live with Parent/Family/Support Person  **☐** Live in private rental arrangement with others **☐** Live in private rental arrangement alone  **☐** Aged Care Facility **☐** Owns own home  **☐** Mental Health Facility **☐** Lives in public housing  **☐** Short Term Crisis/Respite **☐** Staff Supported Group Home  **☐** Hostel/SRS Private Accommodation **☐** Other, please specify | | | | | | | |
| **Travel** | | | | | | | |
| How do you travel to work or to your day service? (Please tick the appropriate box  **☐**Taxi **☐** Pick up/ drop off by Parent/Family/Support Person  **☐** Transport provided by a provide **☐** Independently use Public Transport  **☐** Walk **☐** Assisted Public Transport  **☐** Drive own car **☐** Other, please specify: | | | | | | | |
| **Signature** | |  | | **Date** | {date} | | |