

1. Participant details

Participant name	Date of birth / /
Gender	Home phone number
Mobile phone number	Email address
Languages spoken at home	Interpreter required Yes No
Preferred option for communication Email Post Phone	Do you identify as Aboriginal and Torres Strait Islander? Yes No
Residential address	Postal address (if different from above)

Is there a guardianship and/or administration order in place?

Yes No

For participants under the age of 18 years of age, under guardianship or in the care of family or caregivers please complete below

Name of parent/guardian 1	Primary carer Yes No	Lives with participant Yes No	Emergency contact Yes No
Relationship to participant Parent Guardian Caregiver Other	Residential address		
Postal address (if different from above)	Home phone number		
Mobile phone number	Email address		

Name of parent/guardian 2	Primary carer Yes No	Lives with participant Yes No	Emergency contact Yes No
Relationship to participant Parent Guardian Caregiver Other	Residential address		
Postal address (if different from above)	Home phone number		
Mobile phone number	Email address		

2. Disability / medical conditions

Other service providers currently using (include Supported Independent Living SIL Provider)

Name	Address
Phone number/email	Frequency of use

Name	Address
Phone number/email	Frequency of use

Name	Address
Phone number/email	Frequency of use

3. Requirements of personal space and access requirements in accommodation (wheelchair, bathroom, kitchen etc)

4. Preferences including what you are looking for in your accommodation

Preferred name

Religious requirements

Cultural requirements

Communication device

Physical assistance

Other considerations

5. Funding

NDIS managed (A copy of the NDIS plan must be provided for NDIA managed participants)

NDIS number

NDIS date

Self-managed

Plan managed

Please provide details for invoices

Name

Email

Comments

I understand that:

- 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:

Name

Date

Relationship to participant

Signature of participant or parent/caregiver