

## 1. Participant details

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

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|   |                              |
|---|------------------------------|
| <b>Is there a guardianship and/or administration order in place, and/or enduring power of attorney?</b><br>Yes No | <b>Please specify if yes</b> |
|---|------------------------------|

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

|   |   |   |                                    |
|---|---|---|------------------------------------|
| <b>Name of parent/guardian 1</b>                                      | <b>Primary carer</b><br>Yes No                  | <b>Lives with participant</b><br>Yes No | <b>Emergency contact</b><br>Yes No |
| <b>Relationship to participant</b><br>Parent Guardian Caregiver Other | <b>If other, please specify</b>                 |   |                                    |
| <b>Residential address</b>  | <b>Postal address (if different from above)</b> |   |                                    |
| <b>Home phone number</b>  | <b>Mobile phone number</b>                      |   |                                    |
| <b>Email address</b>  |   |   |                                    |

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|   |   |   |                                    |
|---|---|---|------------------------------------|
| <b>Name of parent/guardian 2</b>                                      | <b>Primary carer</b><br>Yes No                  | <b>Lives with participant</b><br>Yes No | <b>Emergency contact</b><br>Yes No |
| <b>Relationship to participant</b><br>Parent Guardian Caregiver Other | <b>If other, please specify</b>                 |   |                                    |
| <b>Residential address</b>  | <b>Postal address (if different from above)</b> |   |                                    |
| <b>Home phone number</b>  | <b>Mobile phone number</b>                      |   |                                    |
| <b>Email address</b>  |   |   |                                    |

## 2. Disability / medical conditions

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

|                    |                  |
|--------------------|------------------|
| Name               | Address          |
| Phone number/email | Frequency of use |

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|                    |                  |
|--------------------|------------------|
| Name               | Address          |
| Phone number/email | Frequency of use |

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|                    |                  |
|--------------------|------------------|
| 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, as relevant, if and 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