St George Community Transport
70 Roberts Avenue, Mortdale NSW 2223
Ph: (02) 9585 3000 Fax: (02) 9586 0112
Web: www.stgct.org.au
Email: reception@stgct.org.au

OFFICE USE ONLY:

☐ CHSP ☐NDIS ☐CTP-☐ N/H ☐ TEMP		DATE Received:
AC#:	WALLET CHECK: required ☐ completed ☐	DATE Approved:

Client Registration Form/Service Care Plan

Please complete both sides of form giving as much information as possible so that we can assess your application for transport assistance. Please contact the office to confirm your application.

Details:

First Name:	Last Name:
D.O.B:	Home: Mobile:
Other contact names & numbers:	
Country of Birth:	Language Spoken at home:

Need help to communicate? YES☐ NO☐……

Home Address:

Postcode:

Gender:
☐Male ☐Female ☐ Intersex Indeterminate ☐ Not Stated / Inadequately Described

Referral Comments:……
……
……

What services would you like to receive?……
……
……

By using our services what do you hope to achieve? i.e. Improved health, reduced social isolation, medical needs;

Goal	Outcome	Achieved by when

Do you need to use a mobility aid or other equipment when you travel? YES ☐ or NO ☐

If YES List equipment/ mobility aid used:

☐ Walker/ Rollator ☐ Wheelchair ☐ Walking stick ☐ Oxygen ☐ Guide dog

☐ Other…….

Do you require a vehicle with a hoist/ ramp: YES or NO

Comments:……..……

Do you have a disability? YES or NO
If YES disability type:

☐ Intellectual Learning ☐ Not Stated / Inadequately Described
☐ Physical / Diverse ☐ Psychiatric
☐ Sensory / Speech
Comments:……

Will there be an *attendant travelling with you? (*person not registered with STGCT)**:** YES ☐ or NO ☐

If YES will the attendant be travelling with a mobility aid?
☐No mobility aids ☐Walking stick

☐Other……..…

Current Conditions that may be relevant for transport provision: Assistance Needs/ Travel Restrictions

(please detail and avoid the use of acronyms where possible): ……

.....

.....

Emergency Contact/s:

Name:	Relationship:	Phone number	Comments
Name:	Relationship:	Phone number	Comments

Local Doctor

Name:	Address/ Name of Practice:	Phone:	Comments:

Pension:
☐ Aged ☐ Disability Support Pension ☐ Other ☐ Self-Funded ☐ No pension

Pension Status:
☐Full ☐ None ☐ Part ☐ Neither

Please circle YES or NO to indicate if you need or receive assistance for the following:

Comments:

Is this a workers compensation or insurance claim? YES or NO _____

Can you move independently from your home to the vehicle? YES or NO _____

Can you manage 2 to 3 steps independently? YES or NO _____

Can you manoeuvre independently in and out of the vehicle? YES or NO _____

Can you manage alone at your destination? YES or NO _____

Will a carer travel with you to provide any necessary help? *YES or NO _____
*If yes provide carer details below

Do you need to use a mobility aid or other equipment when you travel? YES or NO _____

Will you need to access to medical transport? YES or NO _____

Do you have a disability or any health issues
that may be relevant to you receiving transport services. YES or NO _____

Are there any access issues for a vehicle to your home
e.g no stopping, no driveway, YES or NO _____

Consent: CHSP & CTP

St George Community Transport (STGCT) is funded under the Commonwealth Home Support.
As part of our funding contract we are required to forward quarterly reports to our funding body.
Please indicate consent for your encoded details being included in these statistics. Please note that this information does not include your name or any personal details.

Consent for STGCT to collect and use personal information: **YES or NO**

Do you consent for future contact for survey/ research/ evaluation: **YES or NO**

Department of Veteran Affairs (DVA) Status:
☐Gold ☐ Orange ☐ White ☐ No DVA entitlement

Indigenous Status:
☐ Aboriginal ☐ Aboriginal and Torres Strait Islander
☐ No ☐ Not Stated / Inadequately Described ☐ Torres Strait Islander

Client Living Arrangements:
☐ Couple ☐ Couple with Dependant[s]
☐ Group [Related Adults] ☐ Group [Unrelated Adults]
☐ Homeless/ No Household ☐ Not Stated/ Inadequately Described
☐ Single [Person Living Alone] ☐ Sole Parent with Dependant[s]

Accommodation Setting:
☐ Boarding House ☐ Crisis Emergency or Transition
☐ Independent Living Unit ☐ Indigenous Community / Settlement
☐ Institutional Setting (i.e. Residential Aged Care, Hospital)
☐ Not Stated ☐ Other
☐ Private Residence –Client or Family Owned / Purchasing
☐ Private Residence - Private Rental ☐ Private Residence - Public Rental
☐ Public Shelter ☐ Supported Accommodation

Urgent Transport:
Do you have any immediate/ urgent, transport requirements YES ☐ or NO ☐
If YES provide details below:

Date required:	Pick up from:	Destination:	Appointment time:	Return trip	Carer going?

Newsletter Subscription:
Would you like to join our email subscription to receive a regular copy of our Newsletter?

Email:

Reassessment and Review:

Referral:

How did you hear about St George Community Transport? .....

Eg: did you attend a presentation? ☐ Receive a brochure in your mailbox? ☐ Did a friend tell you about us? ☐

Did your doctor/ specialist's reception have a brochure? ☐ Found our website? ☐ Internet search? ☐ Or other ……?

Referrers Details:
Contact Name: ..... Organisation: .....
Phone: .....

Assessor notes: (Please indicate if the client requires a home risk assessment)
……
……
……
……
……
.....

OFFICE USE ONLY

Explain:

- ☐ How to make a booking
- ☐ 3 days (or more) Notice
- ☐ Costs
- ☐ What happens on the day of travel
- ☐ Social Outings

	Completed	Date & Signature
Route Match		
MAC accepted		
Welcome Letter		
Email Subscription		