# **NDIS Participant Registration Form**

**Please give as much information as possible so that we can provide you with most appropriate supports.**

**Participant Details:**

|  |  |
| --- | --- |
| **Full Name** | Full name |
| **Home Address** | Home address |
| **Home Phone Number** | Home phone number |
| **Mobile Phone Number** | Mobile Phone number. |
| **Email Address** | Email address. |
| **Date of Birth** | DOB. |
| **Language Spoken at home** | Languages spoken at home. |
| **Country of Birth** | Birth Country. |
| **NDIS Plan Number** | NDIS Plan Number. |
| **NDIS Plan Start Date** | NDIS Plan start date. |
| **NDIS Plan End Date** | NDIS Plan end date |

**Emergency & Other Contacts**

***Do you have a:***

Support Coordinator  YES  NO

Next of Kin  YES  NO

Legal Guardian  YES  NO

Plan Nominee  YES  NO

If answered YES to any, please provide details below and add any additional Emergency contacts:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact** | **Name** | **Phone Number** | **Email Address** | **Relationship** |
| Support Coordinator | Name. | Contact number | Email address. | Relationship. |
| Next of Kin | Name. | Contact number | Email address. | Relationship. |
| Legal Guardian | Name. | Contact number | Email address. | Relationship. |
| Plan Nominee | Name. | Contact number | Email address. | Relationship. |

**Plan Details**

**How is your Plan Managed? (please tick)**

**a)** Self-Managed

|  |  |
| --- | --- |
| Email for invoices: | Email address |

**b)** Agency Managed (NDIA)

**c)** Plan Managed

|  |  |
| --- | --- |
| Plan Manager Name : | Click or tap here to enter text. |
| Plan Manager phone number: | Click or tap here to enter text. |
| Plan Manager email: | Click or tap here to enter text. |
| Plan Manager email for invoices: | Click or tap here to enter text. |

**Need help to communicate?** YES  NO

If yes, provide details Click or tap here to enter text.

**Gender:**

Male  Female  Intersex Indeterminate  Not Stated / Inadequately Described

**Indigenous Status**:

Aboriginal  Aboriginal and Torres Strait Islander  Torres Strait Islander

No  Not Stated / Inadequately Described

**Disability**

Intellectual Learning  Not Stated / Inadequately Described

Physical / Diverse  Psychiatric

Sensory / Speech

Comments / details Click or tap here to enter text.

**Do you need to use a mobility aid** **or other equipment when you access the community?**

YES  NO

**If YES** List equipment/ mobility aid used:

Walker/ Rollator  Wheelchair Walking stick  Oxygen  Guide dog   Other

(if other) Please specify: Click or tap here to enter text.

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

Comments: Click or tap here to enter text.

**Will there be an attendant or additional support person accompanying you when you access the community?**

YES  or NO

**Do you have a preference for a carer?**

YES  NO

*Please tick*

N/A no preference  Male worker  Female Worker

Ethnicity: Click or tap here to enter text.

Language Spoken: Click or tap here to enter text.

Comments: Click or tap here to enter text.

**Are there any access issues for a vehicle to stop at your home/ street/ driveway*?*** *e.g., no stopping, no driveway, clearway*

YES  NO

If yes, please provide details Click or tap here to enter text.

**Please complete the tables below to indicate the services you require.**

**1) Transport – Ongoing or Occasional**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service** | **Number of Days/pw** | **Days of the week** | **Number of weeks pa** | **Destination** |
| Service. | Days per wk | Days of the week | Weeks pa | Destination |
| Service. | Days per wk | Days of the week | Weeks pa | Destination |
| Service. | Days per wk | Days of the week | Weeks pa | Destination |
| Service. | Days per wk | Days of the week | Weeks pa | Destination |

**2) Household tasks, Participate in Community, Assistance with Personal Activities, Development of Life Skills.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Number of Days /Week** | **Days of the week** | **Number of Hours /day** |
| Service. | Days per wk | Days of the week | Hours per day |
| Service. | Days per wk | Days of the week | Hours per day |
| Service. | Days per wk | Days of the week | Hours per day |
| Service. | Days per wk | Days of the week | Hours per day |

**What is your approximate budget for services with St George NDIS Services?**

Click or tap here to enter text.

**Newsletter Subscription:**

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

YES  NO

**Referral:**

How did you hear about St George Community Transport?

Click or tap here to enter text.

Eg:

|  |  |
| --- | --- |
| Did you attend a presentation? | Did a friend tell you about us? |
| Receive a brochure in your mailbox? | Internet search? |
| Did your doctor/ specialist’s reception have a brochure? | Found our website? |
| Other, |  |

If Other, please specify Click or tap here to enter text.

**Privacy & Confidentiality:**

St George NDIS Services respects your privacy and information disclosed to us will be private and confidential. We do not give your information to any agency, other people or organisations without your consent.

Please note that you will:

* receive a form to register your consent for St George NDIS Services to Store and Share your information.
* receive a Media Release form to complete.
* at any time during the registration process with St George NDIS Services or while you are receiving services form St George NDIS Services, you can change your consent or discontinue using our services.
* You can opt out of or change your consent in relation to your media release or consent to store and share information at any time.
* Please call our office on 02 9585 3000 or email us at reception@stgct.org.au and we will send you a new form/s to complete.

***What happens next?***

*1. A St George NDIS Services, a Team Member will contact you to confirm receipt of your registration form.*

*2. A quote for services will be written in the St George NDIS Services Service Agreement.*

*This will be sent to you via email or post.*

*3. A team member will contact you to arrange a meeting to discuss and complete a*

* *Consent to Share & Store Information Form*
* *Media Release form*
* *St George NDIS Services Support Plan*
* *Risk Assessment*
* *Medical Emergency Form*

*We want to provide the best support and will ask about:*

* *Your values- what is important to you.*
* *Your beliefs- ideas that are true for you*

**Name** Click or tap here to enter text. **Signature** Click or tap here to enter text.

**Date** Click or tap to enter a date.

For more information about NDIS & price guides visit

<https://www.ndis.gov.au/providers/price-guides-and-information>