

NDIS Participant Registration Form

NDIS Plan Number:

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

Participant Details:

Full Name	
Address	
Contact Details	Home: Mobile:
Email	
Language spoken at home	
Country of Birth	
Carer/ Guardian Next of Kin	

Need help to communicate? YES NO

If yes provide details:

Gender:

Male
 Female
 Intersex Indeterminate
 Not Stated / Inadequately Described

Indigenous Status:

Aboriginal
 Aboriginal and Torres Strait Islander
 No
 Not Stated / Inadequately Described
 Torres Strait Islander

Disability

Intellectual Learning
 Not Stated / Inadequately Described
 Physical / Diverse
 Psychiatric
 Sensory / Speech

Comments:/ details:

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: ..

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

Comments:

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

YES or NO

Do require assistance with personal care supports? YES NO provide details

What worker would you prefer to provide your supports?

N/A no preference Male worker Female Worker

Comments:

Describe any other support do you may need?

For example:

- When accessing the community
- Using escalators, lifts, steps etc

Comments:

Are there any access issues for a vehicle to stop at your home/ street/ driveway? YES NO

e.g no stopping, no driveway, clearway

If yes provide details:.....

Emergency & Other Contacts

Do you have a:

- Support Coordinator YES NO
Plan Manager YES NO
Next of Kin YES NO
Legal Guardian YES NO

If answered YES to any provide details below:

RELATIONSHIP:	NAME	PHONE	ADDRESS
Emergency Contact Person 1			
Emergency Contact Person 2			

Access to Community & Recreational Activities:

List the places that you would like to access:

Address	Day of week/ Frequency

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?

Privacy & Confidentiality:

St George Community Transport (STGCT) 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 STGCT to Store and Share your information.
- receive a Media Release form to complete.
- at any time during the registration process with STGCT or while you are receiving services form STGCT, 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 STGCT Team Member will contact you to confirm receipt of your registration form.
2. A quote for services will be written in the STGCT 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
 - STGCT 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..... **Signature**.....

Date.....

For more information about NDIS & price guides visit
<https://www.ndis.gov.au/providers/price-guides-and-information>