# **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 |  |
| Home Address |  |
| Home Phone Number |  |
| Mobile Phone Number |  |
| Email Address |  |
| Date of Birth |  |
| Language spoken at home |  |
| Country of Birth |  |
| NDIS Plan Number |  |
| NDIS Plan Start 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:

|  |  |  |  |
| --- | --- | --- | --- |
| **Relationship** | **Name** | **Phone Number** | **Email Address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

a) Self-Managed ☐

 Email for invoices ………………………………………………………………………………………….

b) Agency Managed (NDIA) ☐

c) Plan Managed ☐

 Plan Manager Name, phone number and Email .………………………..……………………………

…………………………………………………………………………………………………………………..

 Plan Manager email for invoices …………………………………………………………………………

**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 □ Torres Strait Islander

□ No □ Not Stated / Inadequately Described

**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

(if other) Please specify: ………………………………………………………………………………………………..….

**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 you have a preference for a carer?** □ YES □ NO

Please tick

□ N/A no preference □ Male worker □ Female Worker

Ethnicity ……………………………………………. Language Spoken………………………………………………….

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, please provide details …………………………………………………………………………………………

Please complete the tables below to indicate the services you require:

**1) Transport – Ongoing or Occasional**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Number of Days/pw** | **Number of weeks pa** | **Destination** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

|  |  |  |
| --- | --- | --- |
| **Service** | **Number of Days /Week** | **Number of Hours /day** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

**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 NDIS Services? ..........................................................................................

**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**………………………………………………. **Signature**……………………………………………….

**Date**………………………………………………

For more information about NDIS & price guides visit

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