Participant Intake Form

Participant Information

Participant Name		D.O.B		Gender	
NDIS Number					
Phone Number	Home		Mobile		
Email address					
Language spoken at home:		Interpreter required	❒ Yes ❒ No		
Preferred option for communication	❒ Email ❒ Post ❒ Phone	Do you identify as Aboriginal and Torres Strait Islander? ❒ Yes ❒ No			
Residential Address:					

Emergency Contact/ Next of Kin/Representative Information

Name of Parent/Guardian 1					
Primary Carer ❒ Yes ❒ No	Lives with Participant ❒ Yes ❒ No	Emergency Contact ❒ Yes ❒ No			
Relationship to participant	❒ Parent ❒ Guardian ❒ Caregiver ❒ Other				
Residential Address					
Phone Number	Home		Mobile		
Email address					

Name of Parent/Guardian 2				
Primary Carer ❒ Yes ❒ No	Lives with Participant ❒ Yes ❒ No	Emergency Contact ❒ Yes ❒ No		
Relationship to participant	❒ Parent ❒ Guardian ❒ Caregiver ❒ Other			
Residential Address				
Phone Number:	Home		Mobile	
Email address				

Is there a Guardianship and/or Administration order in place? ❒ Yes ❒ No

Disability / Medical Conditions including any diagnosis if relevant.

1.
2.
3.

Is there a Behaviour Management Plan in place? ❒ Yes ❒ No

Behaviour Support Plan documents collected for authorisation purposes

❒ Yes ❒ No

Other service providers currently using (include Specialist Behaviour Support Provider, if relevant)

Name	
Address	
Phone number/email	

Frequency of use:	

Name	
Address	
Phone number/email	
Frequency of use:	

Name	
Address	
Phone number/email	
Frequency of use:	

Name	
Address	
Phone number/email	
Frequency of use:	

Health Care Information

Doctor Name	
Address	
Phone Number	

Medicare Number		Expiry Date:	
		Reference #	
Private Healthcare Provider		Membership #	
		Reference Number	

Funding

❒ NDIS (please provide a copy of your NDIS goals so that we can support you turning your goals into achievements!)

❒ NDIA Managed

❒ Self-Managed

❒ Plan Managed (Please provide details next page)

Plan Start & End Date	

❒ Fee for Service

❒ Other funding body.

Please provide details for invoices

Name	
Email	
Comments	

Preferences

Preferred name	
Religious Requirements	
Cultural Requirements	
Communication device	
Physical Assistance	
Other Considerations	

Personal Goals and Aspirations

What do you want to achieve for yourself – life skills, physically, socially etc?

I understand that:

- These records are owned by Empowered Choices Support Services Pty Ltd.
- Information within these records will be shared with other staff within the company on and only 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 procedures.
- 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:

Participant Signature or Parent / Guardian Signature	
Name of person signing	
Relationship to the participant, if not the participant	
Date	

Note: Authority to Act as an Advocate form is required if the individual signing this form is not the participant.