

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 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Next of Kin | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Legal Guardian | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Plan Nominee | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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

**Better Support.
Stronger Connections.**

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:

- | | |
|---|--|
| <input type="checkbox"/> Did you attend a presentation? | <input type="checkbox"/> Did a friend tell you about us? |
| <input type="checkbox"/> Receive a brochure in your mailbox? | <input type="checkbox"/> Internet search? |
| <input type="checkbox"/> Did your doctor/ specialist's reception have a brochure? | <input type="checkbox"/> Found our website? |
| <input type="checkbox"/> 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 from 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>