

## Your Details

<b>Your name*:</b>	<b>Agency*:</b>
<b>Your Phone Number*:</b>	<b>Your E-Mail:</b>
<b>Do you have access to funded supports?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Are you seeking services for yourself or for someone else?</b>	
<input type="checkbox"/> I'm seeking services for myself <input type="checkbox"/> I'm seeking services on behalf of someone else	

## Participant Profile

<b>Participant Name:</b>		
<b>Participant Date of Birth*:</b>		
<b>Participant Gender:</b>		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to say		
<b>What is the type of disability of the person seeking services? *</b>		
<b>Participant's Suburb*</b>	<b>Postcode*</b>	<b>State</b>
<b>Indigenous Status</b>		
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither <input type="checkbox"/> Both		
<b>Do you have any cultural, communication or language needs? *</b>		
<b>Interpreter Required</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Country of Birth*</b>	<b>Nationality*</b>	
<b>Next of Kin/Carer*</b>		

## Conditions

<b>Does the consumer have any physical health condition*</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the consumer have a mental health condition? *</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>GP*</b>
<b>Treating Specialist*</b>
<b>Case Manager*</b>
<b>Phone*</b>
<b>Does consumer have any cognitive disability? *</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the consumer currently have an individual Funding package*</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the consumer have any behaviours of concern? *</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the consumer have an approval for Restrictive Practices? *</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the consumer have a Positive Behavioural Support Plan? *</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Alerts/Risks/Precautions*</b>
<b>Current Community Support*</b>

<b>Type of Accommodation</b>			
<input type="checkbox"/> Own Home	<input type="checkbox"/> Renting	<input type="checkbox"/> Caravan	<input type="checkbox"/> Hostel
<input type="checkbox"/> Retirement Village	<input type="checkbox"/> Boarding House	<input type="checkbox"/> Other	
<b>Preferred method of contact</b>			
<input type="checkbox"/> Phone <input type="checkbox"/> SMS <input type="checkbox"/> Email			
<b>Additional Information*</b>			
<b>What support/assistance or services is the consumer looking for? *</b>			

## NDIS Core Supports

<b>Do you require support with any of the following?</b>	
<input type="checkbox"/> Managing health conditions while a support worker is with you <input type="checkbox"/> Medication <input type="checkbox"/> Personal Care <input type="checkbox"/> Community Nursing Care <input type="checkbox"/> Assistance with Daily Life Task <input type="checkbox"/> Assist-Travel/Transport <input type="checkbox"/> Respite Care <input type="checkbox"/> STA, MTA, ILO, SDA or SIL	<input type="checkbox"/> Household tasks/Domestic Support <input type="checkbox"/> Community access <input type="checkbox"/> Support Coordination <input type="checkbox"/> High Intensity Daily personal activities <input type="checkbox"/> Do not want to disclose

<b>Days services required *</b>	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
<b>Where did you hear about us? *</b>	



NDIS Registration Number: 4050098269  
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<input type="checkbox"/> Google <input type="checkbox"/> Social Media <input type="checkbox"/> Google Ads	<input type="checkbox"/> Referred by Someone <input type="checkbox"/> Other
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