

# NDIS PARTICIPANT INTAKE FORM

## PARTICIPANT REPRESENTATIVE DETAILS

Full Name	<input type="text"/>
Relationship to Participant	<input type="text"/>
Email	<input type="text"/>
Phone Number	<input type="text"/>
Residential Address	<input type="text"/>
Postal Address (if different)	<input type="text"/>

## PARTICIPANT DETAILS

Full Name	<input type="text"/>			
Email	<input type="text"/>			
Phone Number	<input type="text"/>			
Residential Address	<input type="text"/>			
Postal Address (if different)	<input type="text"/>			
Date Of Birth	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Preferred Communication	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> SMS	
Permission for images to be used for Marketing	<input type="checkbox"/> Social Media	<input type="checkbox"/> Flyers	<input type="checkbox"/> Website	<b>Signature</b> <input type="text"/>

## SUPPORT DETAILS

Preferred Support Days	<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			
Preferred Support Times	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
Total Hours per week	<input type="text"/>				

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## Description of Supports Requested

e.g. Social & Community Participation, assistance with daily living skills, yard maintenance, STA, specific support requirements?

## Medical & Disability Information

Management Plans (epilepsy, Asthma, anaphylaxis etc)  
Primary Disability, Secondary Disability, Health conditions



## FUNDING DETAILS

NDIS Number


NDIS Plan Dates


### NDIS Plan/Goals Attached

Seek Adventure Support Services requires a copy of your NDIS Plan or plan goals to ensure we are working towards the individuals goals.


Plan Management

<input type="checkbox"/> Plan Managed	<input type="checkbox"/> Self Managed

Plan Manager Details


Organisation


Phone Number


Invoice Email


## SUPPORT COORDINATOR DETAILS

Plan Manager Details


Organisation


Phone Number


Invoice Email


# NDIS PARTICIPANT INTAKE FORM

## EMERGENCY CONTACT DETAILS

Full Name

Relationship to Participant

Email

Phone Number

## ADDITIONAL DETAILS

### Additional Information

Any other information you think would assist us in supporting you or your loved one.

## OFFICE USE ONLY

Date

\_\_\_\_\_

Entered

\_\_\_\_\_

### More Information :

0419 313 605

[www.seekadventuresupport.com.au](http://www.seekadventuresupport.com.au)

[info@seekadventuresupport.com.au](mailto:info@seekadventuresupport.com.au)

**THANK YOU**



Sean Ewart  
Seek Adventure  
Support Services