

Expression of Interest Form

This information will be treated in the strictest confidence and is only used to ensure we have the correct staff on hand and mix of students.

Students Name:

Age:

Parents Name:

Best contact Number:

Medical Conditions/Disabilities/ Special Requirements:

Please detail any medical conditions, disabilities, diagnosis or special requirements your child may have. This includes anxiety, depression, mobility issues, pain etc.

Any other information that will support your instructor to provide a beneficial service;

I confirm that my child is able to follow simple instructions ☐

Does your child have a behaviour management plan?

Yes No ☐

If yes please can you supply a copy for our records.

Client Goals

Please detail below the key goals from your NDIS plan that you would like this program to assist you in achieving;

What other interests and hobbies do you have?

What do you fear, or find challenging in your day to day life?

What are your main strengths?

What specifically would you like to improve?

Communication skills

Self-regulation

Attention and concentration

Independence

Self esteem

Confidence

Enjoyment

Social skills and interaction

Emergency Information

I advise that I ☐ Do / ☐ Do Not have ambulance cover

Emergency Contact Details

Name: Contact Number: Relationship:

Name: Contact Number: Relationship:

I acknowledge that the information I have provided above is true and accurate to the best of my knowledge

Guardian Name:

Signature: