



Journey Community Connections PTY LTD

Email: Journey-Community@outlook.com.au

ACN - 666 694 293

# Participant Intake Form

## 1. Participant Details

<b>Participant Name:</b>	<b>Title:</b>	<b>First name:</b>	<b>Surname:</b>
<b>Preferred Name:</b>			
<b>Date of Birth:</b>			
<b>Identifying Gender:</b>			

**Phone:**

**Home:**

**Mobile:**

**Email:**

**Residential  
Address:**

**Postal  
Address:  
(If different)**

**Language at home other than English**

Do you Require an Interpreter?

Yes

No

**Preferred option for communication**

Email

- Post
- Phone
- Other \_\_\_\_\_

Do you identify as Aboriginal and Torres Strait Islander?

- Yes
- No

<b>Primary Disability</b>	
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Is there a Family member or Advocate to Support the Participant?

- Yes
- No (***If yes, please detail below***)

Is there a Guardianship and/or Administration order in place?

- Yes
- No

***(If yes, please detail below)***

**NOTE:** For participants under the age of 18 years of age or under guardianship or in the care of family or caregivers please complete below.

## 2. Nominated Support Person

<b>Nominated Support Person: 1</b>	<b>Nominated Support Person: 2</b>
<p><input type="checkbox"/> Advocate <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Support Person</p> <p>Is the Nominated Person an Emergency Contact?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you the Child's Representative?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Other: Details _____ _____</p>	<p><input type="checkbox"/> Advocate <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Support Person</p> <p>Is the Nominated Person an Emergency Contact?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you the Child's Representative?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Other: Details _____ _____</p>
<b>Name</b>	<b>Name</b>

<b>Relationship to Participant</b>	<b>Relationship to Participant</b>
<b>Residential Address</b>	<b>Residential Address</b>
<b>Postal Address (if different)</b>	<b>Postal Address (if different)</b>
<b>Home Phone</b>	<b>Home Phone</b>
<b>Mobile</b>	<b>Mobile</b>
<b>Email</b>	<b>Email</b>

### 3. Your Professional Support

<b>Health Professional</b>	<b>Health Professional</b>
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<b>Name</b>	<b>Name</b>
<b>Organisation</b>	<b>Organisation</b>
<b>Business Phone</b>	<b>Business Phone</b>
<b>Mobile</b>	<b>Mobile</b>
<b>Email</b>	<b>Email</b>

#### 4. Funding

*Current funding arrangement for Professional Services?*

- NDIS
- Other \_\_\_\_\_
- New Participant

How did you hear about? Journey Community Connections PTY LTD?

- Friend
- Your Professional Support Person
- Social Media
- Internet/Web search

Other Journey Community Connections Client \_\_\_\_\_

NDIS Reference Number:

NDIS Plan Start Date:

NDIS Plan End Date:

Plan Manger Details:

Self-Managed Details:

Name:

Name:

Email:

Email:

Phone:

Phone:

## 5. Supporting your preferences

**Do you have specific preferences?**

Schedule Days of Support?

Yes

No

Please let us know here

Contact Method and Times?

Yes

No

Please let us know here

What are the Goals You are working on/Towards?

Do you Have Favorite Hobbies or Activities? (This Helps Us Connect you with A support worker)

Do you have Favorite Foods or Allergies?

**Please note:**

1. These records are owned by Journey Community Connections PTY LTD.
2. Information within these records will be shared with other staff within the organisation on and only when staff require the information to carry out their duties.
3. The participant can ask to see records and receive a copy, Records are archived for a set period according to Coordination and Care policy and procedures.
4. All information obtained will be kept confidential In Accordance with the Privacy Act 1988
5. This information is used to set up the Service Agreement with Journey Community Connections PTY LTD
6. The Service Agreement is signed off by both the Applicant/Advocate, and Journey Community Connections PTY LTD



7. A signed Service Agreement is required for Journey Community Connections PTY LTD to commence Support Services.