

TODAY'S DATE:

CLIENTS DETAILS		PARENT/GUARDIAN DETAILS	
FIRST NAME:		FIRST NAME:	
SURNAME:		SURNAME:	
PRONOUNS:		PRONOUNS:	
D.O.B		D.O.B	
PHONE:		PHONE:	
EMAIL:		EMAIL:	
ADDRESS:		ADDRESS:	
NDIS NO:		EMERGENCY INFORMATION	

YES	NO	ACCESSIBILITY
		I require additional assistance to communicate my needs.
		I require parent and/or guardian consent for all engagements (U18's included)
		I require additional assistance for my mobility needs.

YES	IDENTITY
	I identify as Indigenous Australian and/or Torres Strait Islander
	I identify and/or am exploring my identity in the LGBTQIA+ community
	I am registered with the NDIS
	I have illness/es and/or injury/s I would like to disclose (Please list):
	I have medication that I would like to disclose (Please list):

YES	CONSENT & CONFIDENTIALITY	YES
	I give consent to engage in the services provided by Having A Yarn and I understand that I can withdraw this consent at any time.	
	I understand that information that I provide may be documented. The utmost care will be taken to protect my privacy and confidentiality in the adherence to Australian ethical guidelines and the ACWA guidelines.	
	I understand that documents may be kept for 7 years from the date of my last point of engagement, after which they will be destroyed.	
	I understand that interactions on technology platforms may use a third-party service. Though H.A.Y. have made pragmatic measures to ensure the security of information, I am advised to investigate these systems to ensure my protection on these platforms.	
	I understand that in accordance to mandatory reporting laws; information that discloses the abuse and/or sexual abuse of a child, legally obliges staff and contractors employed at H.A.Y. to contact relevant authorities to ensure the safety of myself and the community.	
	I understand that during my engagements, if there are reasonable grounds of belief that I am at harm to myself or at harm to others staff at Having a Yarn are legally obliged to contact relevant authorities to ensure the safety of myself and the community.	
	I understand that concerns/compliments are firstly encouraged to be made directly to Having A Yarn, so they may be addressed/rectified immediately. However, as H.A.Y. operates under the NDIA framework they are a third-party concerns can be directed to. Additionally, the ACWA which may also be utilised to register concerns.	
	I understand that bookings cancelled <u>within 24 hours</u> of start time or cut short due to my own changing circumstances still require full remittance of the original agreed service timeframe.	
	I understand that payment must be made for services within 14 days of receiving the invoice. Failure of this may cause on-going supports to cease until full remittance has been acquired	
	I understand that in the circumstances that my NDIS funding is running low, or needing renewal. I should notify my primary support worker at H.A.Y., so that they may put systems in place to ensure the best approach for continuity of care.	

## FURTHER NOTES & INFORMATION

Write any additional information you would like us to know about you and how we can best support you i.e. goals, emergency contacts, allergies, triggers etc.

	CLIENT SIGNATURE
FULL NAME:	
SIGNED:	
DATE:	
	PARENT / GUARDIAN SIGNATURE
FULL NAME:	
SIGNED:	
DATE:	

