1300 580 642
Supports@supportscollective.com.au
ABN: 75 675 730 480

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Participant Intake Form

Participant Details					
Participant Name		**D.O.B**		**Gender**	
Preferred Name		**Contact Number**			
Email Address					
Language Spoken at Home		**Interpreter Required** ☐ Yes ☐ No			
Preferred Option for Communication	☐ Email ☐ Post ☐ Phone				
Do you identify as Aboriginal and/or Torres Strait Islander?	☐ Yes ☐ No ☐ Prefer not to disclose				
Residential Address					
Living Arrangements	☐ Lives alone ☐ Lives with others				
Accommodation Setting	☐ Own home ☐ Public rental ☐ Private rental ☐ Other – please specify:				
Source of referral					
Emergency Contact - Name		**Relationship to Participant**			
Contact Number		**Email**			
Mental health status	☐ Involuntary ☐ Forensic Order ☐ N/A				
Decision making responsibility	☐ Self ☐ Parent/Guardian ☐ Advance Health Directive	☐ Enduring Power of Attorney ☐ Public Guardian			
Financial decisions	☐ Self ☐ Parent/Guardian	☐ Public Trustee ☐ Enduring Power of Attorney			
For Participants under the age of 18 years, under guardianship or in the care of family or caregivers please complete the below:					
Name of Parent/Guardian					
Relationship to participant	☐ Parent ☐ Guardian ☐ Caregiver ☐ Other				
Parenting Orders, Parenting Plan or Consent Orders?	Copy received? ☐ Yes ☐ No Details:				
Residential Address					
Contact Number					
Email address					
Disability / Medical Conditions Including Any Diagnosis If Relevant					

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Other Service Providers Currently Using
Service Name: Contact person: Address: Phone number: Email: Frequency of use: Service Name: Contact person: Address: Phone number: Email: Frequency of use:

Health Care Information			
Medicare Number		**Expiry Date**	
		Reference Number	
		Reference Number	
Doctor Name			
Address			
Phone Number			

Funding		
☐ NDIA Managed	☐ Plan Managed	☐ Self-Managed

NDIS Number	
NDIS Plan Date	

Plan Manager details	
Name	
Phone & Email	
Comments	

Preferences	
Religious Requirements	
Cultural Requirements	
Communication	
Physical Assistance	
Other Considerations	

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I understand that:

- All private and confidential information is stored securely within Supports Collective Australia.
- I can ask to see records and receive a copy on request.
- Records are archived as per legal requirements.
- I understand that all information obtained will be kept confidential and only shared internally within Supports Collective Australia when/if necessary.

To the best of my knowledge, the information provided in this form is true and correct:

Name	Signature	Date
This form is prepared by		
Case Manager	Signature	Date