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| **PARTICIPANT DETAILS FORM** |

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| **Part 1 – Participant Details** |
| Full Legal Name:  |
| Preferred Name:  |
| Sex Descriptor:  | Pronoun/s:  |
| Date of Birth (dd/mm/yyyy):  | Age:  |
| Home Phone:  | Mobile Phone:  |
| Work Phone:  | Email Address:  |
| Current Residential Address:  |
| Current Postal Address:  |
| Are you of Aboriginal or Torres Strait Islander Origin? | No [ ]  | Yes, Aboriginal [ ]  | Yes, Torres Strait Islander [ ]  | Yes, both Aboriginal and Torres Strait Islander [ ]  |
| Country of Birth:  | Culture of Origin:  |
| Cultural Background:  | Main Language Spoken at Home:  |
| Interpreter Required (y/n)? Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |

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| **Part 2 – Representative Details** |
| First Name:  | Surname:  |
| Relationship to participant:  |
| Position:  | Organisation:  |
| Home Phone:  | Mobile Phone:  |
| Work Phone:  | Email Address:  |
| Adress:  |

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| First Name:  | Surname:  |
| Relationship to participant:  |
| Position:  | Organisation:  |
| Home Phone:  | Mobile Phone:  |
| Work Phone:  | Email Address:  |
| Address:  |

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| --- | --- |
| First Name:  | Surname:  |
| Relationship to participant:  |
| Position:  | Organisation:  |
| Home Phone:  | Mobile Phone:  |
| Work Phone:  | Email Address:  |
| Address:  |

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| **Part 3 – Decision Making** |

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| [ ]  Family Member  | Name:  | Phone/Email:  |
| [ ]  Legal Guardian | Name:  | Phone/Email:  |
| [ ]  Court-Appointed Decision Maker   | Name:  | Phone/Email:  |
| [ ]  Participant-Appointed Decision Maker  | Name:  | Phone/Email:  |
| [ ]  Advocate or Independent Advocate  | Name:  | Phone/Email:  |
| [ ]  NDIS Child Representative | Name:  | Phone/Email:  |

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| **Part 4 – Privacy Statement and Declaration** |

Your personal information is protected by law (including the Privacy Act 1988) and is collected by Bolster Disability Support Services (BDSS) to assess your needs and administer its services. Your information may be used by BDSS or given to other parties where you have agreed to that, or where it is required or authorised by law. More information about how we manage your privacy is contained in our Privacy Statement, which can be provided by a BDSS staff member.

***I have been informed about and consent to the use of my Personal Information in the assessment and administration of my services. I understand my Personal Information may be provided to external agencies where I have consented to this, or where it is required by law.***

***I declare that all the information I have provided in this form is, to my knowledge, true and correct.***

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| Name of Participant or Authorised Representative |   | Signature |  | Date: |  |

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| Name of Bolster Disability Support Services Representative: |   | Signature |  | Date: |  |

**Staff Use Only**

**Verbal Consent**

Verbal consent should only be used where it is not practicable to obtain written consent.

***I have discussed this form and its content with the participant or authorised representative, and I am satisfied that they understand the proposed uses and disclosures of their information and have provided their informed consent to these.***

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| Name of Bolster Disability Support Services Representative: |   | Signature |  | Date: |  |