INTAKE FORM

Welcome to Bergalia Hill! This form helps us understand your needs so we can provide the best possible support and ensure your participation in our programs is funded correctly.

We know it looks like a lot of information, but each section helps us tailor our services to you. All information is kept confidential.

PARTICIPANT DETAILS

Participant's Full Name: _____ **Date of Birth:** _____

Preferred Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other: _____

Residential Address: _____

Postal Address (if different from Residential): _____

Preferred Contact Number: _____ **Preferred Email Address:** _____

Emergency Primary Contact Name / Relationship: _____ **Emergency Primary Contact Number:** _____

Emergency Secondary Contact Name / Relationship: _____ **Emergency Secondary Contact Number:** _____

NDIS INFORMATION

Do you have an NDIS Plan? ☐ Yes ☐ No

NDIS Participant Number: _____

Copy of Plan Provided: ☐ Yes ☐ No

NDIS Plan Start Date: (DD/MM/YYYY) _____ **NDIS Plan Finish Date: (DD/MM/YYYY)** _____

NDIS Plan Management Method: ☐ NDIA Managed ☐ Plan Managed ☐ Self-Managed ☐ Combination

(specify): _____

If Plan Managed, please provide Plan Manager details:

Plan Manager Name:

Plan Manager Organisation:

Plan Manager Email (where invoices are to be sent):

Plan Manager Phone:

If you have a Support Coordinator, please provide details:

Support Coordinator Name:

Support Coordinator Organisation:

Support Coordinator Email:

Support Coordinator Phone:

Relevant NDIS Support Categories for these programs:

Are you aware of the NDIS budget/support category you intend to use for these programs? ☐ Yes ☐ No / Unsure

If yes, please specify:

REFERRAL DETAILS

Person Making This Referral:	
Relationship to Participant:	
Referrer's Contact Details: (Phone / Email)	

DISABILITY & HEALTH INFORMATION

Primary Disability:	
Additional Disability (if applicable):	
Do you have any dietary requirements, allergies, or health/medical/disability conditions we should be aware of, especially for the cooking/meal prep programs? (e.g., Coeliac, nut allergy, diabetes, food sensitivities)	☐ Yes ☐ No **If Yes, please describe:**
Any additional relevant health/personal information:	

SUPPORT NEEDS & ACCESSIBILITY

Do you require any specific assistance or accommodations to participate fully in these programs?
(e.g., wheelchair access, communication support, quiet space, personal care support)

☐ Yes ☐ No

If Yes, please describe:

Any potential risks in delivery of support that Bergalia Hill should be aware of? ☐ Yes ☐ No

If Yes, please describe:

Do you currently have a Support Worker or Carer who will be attending the programs with you? ☐ Yes ☐ No

If Yes, Support Worker/Carer Name: _____

Support Worker/Carer Contact Number: _____

PROGRAM INTEREST & PREFERENCES & GOALS

Please tick the program(s) you are interested in:

☐ Cooking Program on Farm

☐ In-Home Meal Prep Program

☐ Garden Program

☐ Pre-prepared and delivered meals

What goals do you want us to help you achieve by participating in these programs?

What outcomes would you like to achieve by participating in our programs?

PHOTO & MEDIA CONSENT

Bergalia Hill occasionally takes photos or videos during programs for promotional purposes (e.g., website, social media, brochures) and to celebrate participant achievements. This helps us share the great work happening and celebrate participant achievements.

Your decision below will not affect your participation in our programs.

Do you agree to Bergalia Hill using photos/videos of you for promotional and celebratory purposes? ☐ Yes ☐ No

AGREEMENT & DECLARATION

This section confirms your understanding and agreement for the information provided and how we can best support you.

1. Your General Agreement and Declaration	☐

By signing, you confirm that the information you've provided in this form is true and accurate to the best of your knowledge. You also understand how Bergalia Hill will use this information to assess your suitability for the programs and to provide appropriate support.

2. Your Consent to Share NDIS Information	☐

By signing below, you agree that Bergalia Hill can contact your NDIS Plan Manager or Support Coordinator (if applicable) to discuss your support arrangements for these programs. This helps us ensure your programs are funded correctly and seamlessly.

3. Service Agreement & Document Preferences

Who will be signing the Service Agreement and other service documents?

_____

4. Your preference for future Documents:

Bergalia Hill aims to be paperless, sending documents online for signature whenever possible. Please let us know if you would prefer a hard copies of future documents instead:

☐ **Yes, I prefer future hard copies.**

5. Final signature

By signing below, you agree to the information provided in this form and the consents above.

Participant/Guardian Signature:	**Date:**
X _____	_____

If completing on behalf of the participant:

Guardian/Nominee Name:	**Relationship to Participant:**
_____	_____