**NDIS Participant - Groups Expression of Interest Form**

*Please complete all appropriate fields below accordingly and return via email – info@araratwellness.com.au*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Participant’s Personal Details:** | | | | | | | | |
| **Participant’s Full Name:** | |  | | **Date of Birth:** | | |  | |
| **Participant’s NDIS Number:** | |  | | **NDIS Plan Start Date:** | | |  | |
| **Sex/Gender:** | |  | | **NDIS Plan Review Date:** | | |  | |
| *Please mark ‘X’ preferred contact method* | | | ***Participant’s Contact Details*** | | | *Please mark ‘X’ preferred contact method* | | |
|  | **Residential Address:** |  | | **Region:** |  | | **Postcode:** |  |
|  | **Mailing Address:** |  | | **Region:** |  | | **Postcode:** |  |
|  | **Phone Number:** |  | | | | | | |
|  | **Email Address:** |  | | | | | | |

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| **Nominated Representative’s Details:** | | | | | | | | | | | | | | | | | | | |
| **Relation to Participant:** | |  | | **Parent and/or Child Representative** | | | | | | |  | **Legally Appointed Decision Maker** | | | | | | | |
|  | |  | | **Plan Nominee** | | | | | | |  | **Other:** | | |  | | | | |
| **Relationship Verified:** | |  | | **NDIS Portal** | |  | **NDIS Plan** | | | |  | **Other:** | | |  | | | | |
| **Representative’s Full Name:** | |  | | | | | | | | | | | | | | | | | |
| **Is this person an Emergency Contact of the Participant?** | | | | | | | |  | **Yes, Primary** | | | |  | | **Yes, Additional** | | |  | **No** |
| *Please mark ‘X’ preferred contact method* | | | | | ***Nominated Representative’s Contact Details*** | | | | | | | | | | | *Please mark ‘X’ preferred contact method* | | | |
|  | **Mailing Address:** | |  | | | | | | | **Region:** | | | |  | | | **Postcode:** | |  |
|  | **Phone Number:** | |  | | | | | | | | | | | | | | | | |
|  | **Email Address:** | |  | | | | | | | | | | | | | | | | |

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| **Intermediary Contact’s Details** | | | | | | | | | | | | | | | | | | |
| **Relation to Participant:** | |  | **Support Coordinator** | | | |  | **Funding Manager** | | | | |  | | **Other:** | |  | |
| **Relationship Verified:** | |  | **NDIS Portal** | |  | **NDIS Plan** | | |  | **Verbal** | | |  | | **Other:** | |  | |
| **Provider Business Name:** | |  | | | | | | | | | | | | | | | | |
| **Preferred Contact Person:** | |  | | | | | | | | | | | | | | | | |
| *Please mark ‘X’ preferred contact method* | | | | ***Intermediary Contact’s Contact Details*** | | | | | | | | | | *Please mark ‘X’ preferred contact method* | | | | |
|  | **Mailing Address:** |  | | | | | | | | | **Region:** |  | | | | **Postcode:** | |  |
|  | **Phone Number:** |  | | | | | | | | | | | | | | | | |
|  | **Email Address:** |  | | | | | | | | | | | | | | | | |

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| --- | --- | --- |
| **Group Details** | | |
| **Groups available:** |  | **Social Group** |
| **(Please mark ‘x’ any group you**  **may be interested in)** |  | **Men’s Social Group** |
|  | **Group Study** |
|  |  | **Games (Card, Board, Video)** |
| *Note: More groups to be established in the coming future.* |  | **Arts & Crafts** |
|  | **Dungeons & Dragons** |