SPARKS SOCIAL
ABILITIES

NDIS PARTICIPANT INTAKE FORM

1. PARTICIPANT DETAILS

Full Name: _____
Preferred Name: _____
NDIS Number: _____
Date of Birth: _____
Address: _____
Phone: _____
Email: _____

2. REPRESENTATIVE / EMERGENCY CONTACT

Name: _____
Relationship to Participant: _____
Phone: _____
Email: _____
Emergency Contact Name: _____
Emergency Contact Phone: _____

3. NDIS PLAN DETAILS

Plan Start Date: _____
Plan End Date: _____

Plan Management Type (tick one):
☐ NDIA Managed
☐ Plan Managed
☐ Self-Managed

Plan Manager (if applicable):
Name: _____
Phone: _____
Email: _____

Support Coordinator (if applicable):
Name: _____
Phone:_____
Email:_____

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4. SUPPORTS REQUIRED

Type of Supports Required (tick all that apply):
☐ Personal care
☐ Community participation
☐ Domestic assistance
☐ Transport
☐ Group

Preferred Days / Times:
_____

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5. GOALS & OUTCOMES

What are the Participant's main goals?

_____
_____

What outcomes would you like to achieve from supports?

_____
_____

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6. MEDICAL & HEALTH INFORMATION

Relevant medical conditions:

_____

Medications (if applicable):

_____

Allergies:

_____

Mobility / assistance needs:

_____

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7. RISK & SAFETY INFORMATION

Are there any known risks or behaviours that staff should be aware of?

_____

_____

Are there any safety considerations in the home or community?

_____

_____

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8. COMMUNICATION & PREFERENCES

Preferred communication method:
☐ Verbal ☐ Written ☐ Visual ☐ Other: _____

Any cultural, language, or personal preferences?

_____

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9. CONSENT

I consent to the collection and use of my information for the purpose of delivering NDIS supports.

Participant / Representative Name: _____

Signature: _____
Date: _____

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10. PROVIDER USE ONLY

Date Received: _____
Sta Member: _____

Notes:
_____
_____

Note:
All information collected will be handled in accordance with privacy requirements and used only for the purpose of delivering supports.