**NDIS NEW CLIENT FORM**

**Client’s name: Click or tap here to enter text.**

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**Note:** *Please download, complete, and email a SIGNED copy to* *info@carersthatdrive.com.au* *- remember to ‘enable editing’.*

## **1: PARTICIPANT DETAILS**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NDIS #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NDIS Plan Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NDIS Plan End Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Plan Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Support worker preference:** [ ]  **Female** [ ]  **Male** [ ]  **Both**

**Condition of participant:**

[ ]  Acquired brain injury [ ]  Autism [ ]  Cerebral Palsy [ ]  Hearing impairment

[ ]  Intellectual Disability, Developmental delay, Global developmental delay, Down Syndrome

[ ]  Multiple Sclerosis [ ]  Psychosocial disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Spinal cord injury [ ]  Stroke [ ]  Vision impaired

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Risk Management.** This information must be disclosed to provide a safe environment for both participant and supporter. List all risks, behaviours and/or medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the participant have a Behavioural Support Plan:** [ ]  **Yes** [ ]  **No**

*Unsociable behaviours that are not reported at the time of signing this form or are not included in the Behavioural Support Plan provided can result in Carers That Drive declining support immediately to resolve the issue for all parties.*

**Does the participant have an Epilepsy Management Plan:**  [ ]  **Yes** [ ]  **No**

*If answered Yes, a copy of the plan must be provided prior to commencement of any booking.*

**Does the participant require assistance in and out of the vehicle:** [ ]  **Yes** [ ]  **No**

**Does the participant have a mobility aid:** [ ]  **Yes** [ ]  **No**

Walker [ ]  Stick [ ]  Collapsable wheelchair [ ]

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Will there be any other person/s accompanying the participant:** [ ]  **Yes** [ ]  **No**

**Will a companion animal be accompanying the participant:** [ ]  **Yes** [ ]  **No**

*If answered Yes, a companion form to be signed; emailed separately.*

**Participant’s likes, dislikes, interests, hobbies etc.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2: SERVICES**

[ ] Community Access [ ]  Day Program [ ]  Medical appointment

[ ]  School [ ]  Specialist appointment [ ]  Therapy session

[ ]  Work [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Booking details:**

[ ] **One way** [ ] **Return**

[ ] **Mon**  [ ] **Tues** [ ] **Weds**  [ ] **Thurs** [ ] **Fri** [ ] **Sat** [ ] **Sun**

[ ] **Weekly** [ ] **Fortnightly** [ ] **Monthly** [ ] **Ad hoc** [ ] **One off**

[ ] **2 hrs** [ ] **3 hrs** [ ] **4 hrs Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Start time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pick up address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Take to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Collect time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tolls/parking:** [ ]  **Yes** [ ]  **No** [ ]  **Seek prior approval**

**Disability Sticker:** [ ]  **Yes** [ ]  **No**

**Public Holiday support:** [ ]  **Yes** [ ]  **No**

**How Did You Hear About Us:** [ ]  Internet search [ ]  Word of mouth [ ]  social media

Other – please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **3: PAYMENTS**

**Line Item:** [ ]  **Access Community, Social and Rec Activities – Standard**

[ ]  **SUPPORT – Innovative Community Participation**

 **(Please check with your Plan Manager)**

**Invoices emailed to**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(This box must be completed to proceed with bookings)**

**Plan Managed:** [ ]  **Yes** [ ]  **No**

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Self-Managed:** [ ]  **Yes**  [ ]  **No**

Full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plan Nominee:** [ ]  **Yes**  [ ]  **No**

Full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Support Coordinator:** [ ]  **Yes**  [ ]  **No**

Full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **4: EMERGENCY CONTACT DETAILS**

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **SIGNATURE REQUIRED.**

## **5: WAIVER AND RELEASE AUTHORITY**

This is to release Carers That Drive and/or the Community Access Supporters from liability when driving and helping clients/participants on outings.

**I (Client’s full name):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. agree to abide by any of Carers That Drive’s rules, and any direction or instruction given to me by or on behalf of Carers That Drive in connection with my participation in outings; and
2. hereby release, waive, discharge and hold harmless Carers that Drive, its employees, officers and Community Access Supporters from any liability for personal injury, loss or damage to personal property associated with my participation in outings facilitated by Carers That Drive, whether caused by negligence, wilful act or omission, breach of contract, breach of statutory duty, error or otherwise.

Where this form is signed by the Participant’s nominee or representative, by signing this form the nominee/representative agrees to the release provided above for the benefit of the Participant and as a necessary condition of the Participant’s participation in outings. The nominee/representative also agrees to release Carers That Drive from any and all liabilities arising from the Participant’s involvement or participation in Outings.

## **6: In *Carers That Drive* COMMUNITY ACCESS SUPPORTERS’ CAR**

Complete this section if being taken out in a Community Access Supporters car.

I authorise the use of various Supporter cars to take me out.

## **7: CONSENT AGREEMENT**

By signing this form, you give consent to the following:

* Carers That Drive have a copy of my NDIS plan details.
* Store my information on their secure database including my plan and any other relevant documents such as, but not limited to, Behavioural Support Plan or Epilepsy Management Plan.
* Exchange information with my support network, including but not limited to case managers, medical practitioners, allied health professionals and support coordinators.
* Can opt out of being contacted by NDIS Third Party auditors during the verification/certification process.
* Agree that any unsociable behaviours that are not reported at the time of signing this form or are not included in the Behavioural Support Plan provided can result in Carers That Drive declining support immediately to resolve the issue for all parties.
* Provide a minimum 30 days’ notice if changing Plan Managers and/or Support Coordinators. Unpaid invoices as a result if not notified of these changes will be collected personally.
* Our services encourage self-advocacy where possible; **we do not provide in home care**.
* Management and Assessment information provided prior to commencement of bookings.
* Signing this form does not equate to bookings made until such time as the quote has been approved by all parties.

|  |  |  |
| --- | --- | --- |
| Signature of participant, or representative. |  | Print name in full of participant, or representative. |
|  |  |  |

## **8: SIGNING ON BEHALF OF THE CLIENT**

If signing any part of the document on behalf of Client, please complete the following:

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_