

NDIS NEW CLIENT FORM

Client's name: _____

Contents:

| | |
|--|---|
| 1: PARTICIPANT DETAILS | 1 |
| 2: SERVICES..... | 2 |
| 3: PAYMENTS | 3 |
| 4: EMERGENCY CONTACT DETAILS | 4 |
| SIGNATURE REQUIRED. | 4 |
| 5: WAIVER AND RELEASE AUTHORITY | 4 |
| 6: In <i>Carers That Drive</i> COMMUNITY ACCESS SUPPORTERS' CAR..... | 4 |
| 7: CONSENT AGREEMENT | 5 |
| 8: SIGNING ON BEHALF OF THE CLIENT | 5 |

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

BELOW MUST BE COMPLETED AND DETAILS PROVIDED PRIOR TO SERVICES:

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

Unsocioable 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 ☐ Collapsible 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: _____



**Carers
That Drive**

Our help, Your independence

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:

* _____

ABN:

* _____

(*This information 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: _____



**Carers
That Drive**

Our help, Your independence

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: _____

- a. 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
- b. 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.

X

Sign Here

X

Print Here

X

Insert Date Here

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:
