

NDIS Participant Application Form

AIIM Choices Contact – Phone: Wodonga (02) 6056 6900 or Shepparton (03) 5849 2680

Email: applications@aiim.com.au

Referral Source and Date			
Client Name			
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Phone	Home:	Mobile:	
Email			
Address			
Country of birth		Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred option for communication	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Post	Do you identify as Aboriginal and Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred method to meet	<input type="checkbox"/> In office <input type="checkbox"/> Home visit <input type="checkbox"/> Zoom/Skype <input type="checkbox"/> Other _____		
Disability/Diagnosis	<input type="checkbox"/> I have a medical diagnosis <input type="checkbox"/> I do not have a medical diagnosis Disability/Diagnosis:		
Is there a Family member or Advocate to support the Participant?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please detail below)</i>	
Is there a Guardianship and/or Administration order in place?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please detail below)</i>	
Support Persons	Name:	Phone:	

Supporting your preferences

Do you have any specific preferences? - contact method/times - cultural/religious - easy read documents - other	