



**Participant Intake Form**  
Lunivane

PARTICIPANT DETAILS	
Full Name:	
Date of Birth:	
Gender:	
Contact Number:	
Email Address:	
Residential Address:	
Postal Address (if different):	
Alternative contact person: <i>(Full Name &amp; Contact Number)</i>	
Emergency contact person (1): <i>(Full Name &amp; Contact Number)</i>	
Emergency contact person (2): <i>(Full Name &amp; Contact Number)</i>	

NDIS FUNDING INFORMATION	
NDIS Number:	
Start Date of NDIS Plan:	
End Date of NDIS Plan:	
Funding:	<input type="checkbox"/> Plan Managed <input type="checkbox"/> NDIA Managed <input type="checkbox"/> Self Managed
<input type="checkbox"/> Other (Please Specify):	

CONTACT DETAILS FOR INVOICES <i>(If applicable)</i>	
Full Name:	
Contact Number:	
Email Address:	

TRANSITION FROM ANOTHER SERVICE PROVIDER	
Is this a transition from another provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Provider:	
Contact Number:	
Email Address:	
Representative Name:	
Representative Contact Number:	
Representative Email Address:	
Reasons for the transition:	

REPRESENTATIVE DETAILS <i>(If applicable)</i>	
Full Name:	
Relationship to participant:	
Contact Number:	
Email Address:	
Address:	

MODE OF COMMUNICATION	
Language:	
Preferred Language spoken:	
Interpreter required:	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREFERRED METHOD OF COMMUNICATION <i>(select)</i>			
<input type="checkbox"/> Face to face	<input type="checkbox"/> Phone call	<input type="checkbox"/> Text message	<input type="checkbox"/> Email
<input type="checkbox"/> Letter	<input type="checkbox"/> Visual (images/videos)	<input type="checkbox"/> Contact my advocate/representative	

DIVERSITY AND CULTURAL BACKGROUND			
Country of Birth:			
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Neither	<input type="checkbox"/> Both
<input type="checkbox"/> Refugee	<input type="checkbox"/> Asylum Seeker	<input type="checkbox"/> Neither	<input type="checkbox"/> Both
Religion:			

GP DETAILS	
Full name:	
Phone:	
Email:	
Address:	

OTHER SERVICE PROVIDERS				
Name	Services provided	Address	Email address	Contact number

REQUESTED SERVICES	
Services:	
Additional information:	

PARTICIPANT NDIS GOALS	
Goal 1:	
Goal 2:	
Goal 3:	
Goal 4:	
Goal 5:	

WHO IS FILLING OUT THIS FORM?	
Full Name:	
Relationship with the Participant: <i>E.g., Family member, guardian, etc.</i>	
Phone Number:	
Email Address:	
Address:	

**YOUR DECLARATION**

This part needs to be signed by whoever completed this form. This may be the participant/applicant or child representative, plan nominee or legally appointed decision maker.

I acknowledge that:

- These records will be managed by Lunivane only.
- Information within these records will be shared with specific staff members within the organisation to allow them to carry out the intake assessment.
- If the participant is offered Lunivane’s services and they accept, this information will also be used to carry out the initial assessment and for service planning, development and delivery.
- The participant and their representative can ask to see the records and receive a copy.
- Records are archived for a set period according to *Privacy and Confidentiality Policy and Procedure*.
- All information obtained will be kept confidential.
- This information will be used to set up the Service Agreement with Lunivane and the Participant Assessment and Support Plan if the participant is offered Lunivane’s services and they accept.
- A signed Service Agreement is required to start receiving Lunivane’s supports and services.
- A *Service Agreement* will be sent to the participant for signing prior to the appointment of the initial assessment. This is a legal requirement under the NDIS.
- The Service Agreement is signed off by both the participant and/or their representative and Lunivane.

I confirm that:

- I understand I can get further information about how Lunivane handles my personal information from the Privacy and Confidentiality Policy and a copy of this policy.
- I understand I can withdraw or change my consent to share information and/or my permission for a third party to act on my behalf at any time.
- I confirm the information provided in this form is complete and correct.
- I give my consent to Lunivane to use the participant’s information for the purposes outlined above.
- I understand giving false or misleading information is a serious offence.
- I understand this information is protected by law and can only be given to someone else where Commonwealth law allows or requires it or where I give permission.

You can find out more about how we collect, use and disclose your personal and sensitive information on our *Privacy and Confidentiality Policy*.

<b>Full Name:</b>	
<b>Date:</b>	
<b>Signature:</b>	

Once you have reviewed your details, please return the completed form to **hello@lunivane.com.au**. Our team will then initiate your onboarding and prepare your service agreement. We look forward to supporting you.