

NDIS session/s	Term

PERSONAL DETAILS		BLOCK Letters Please	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (please write):			
Surname (Legal family name):			
First Name:		Middle Name/s:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> (Indeterminate/Intersex/Unspecified)		

CONTACT INFORMATION		BLOCK Letters Please	
Usual home address: <i>Number and street</i>			
Suburb		Post code	
Mobile No.		Home No.	
Email address			
Preferred Contact Method <input type="checkbox"/> Mobile <input type="checkbox"/> Email			
Postal Address Same as above <input type="checkbox"/> Yes <input type="checkbox"/> No—Please complete below			
<i>Number and street name /PO Box / RSD</i>			
Suburb:		Post code:	

Emergency Contact Information	Name
	Relationship
	Phone

LANGUAGE AND CULTURAL DIVERSITY

In which country were you born?

Australia Other

Please Specify

Australian Citizen

Town / City of Birth

Do you speak a language other than English at home?

No, English only Yes, Please Specify

How well do you speak English?

Very Well Well Not well Not at all

Are you of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander Both

DISABILITY

Providing information about a disability is **completely voluntary**. We ask this to ensure that we provide the right information and services.

Do you consider yourself to have a disability, impairment, or long-term condition?

Yes No

If yes, please indicate the areas of disability, impairment, or long-term condition. (You may indicate more than one area.)

Hearing/deaf Physical Other
 Mental illness Acquired brain impairment
 Medical condition Vision
 Intellectual Learning

Additional relevant information (please say as much as you feel comfortable with):

The following section is compulsory:

Do you have any behaviours of concern that we need to know about? Yes / No (Please circle one) If yes, please provide details.

Do you have a current behaviour management plan? Yes / No (Please circle one) If yes, please attach a copy.

SCHOOLING

Are you still attending secondary

What is your highest COMPLETED school level? *Tick one box only.*

No Yes

Completed Year 12

Completed Year 9 or equivalent

Completed Year 11

Completed Year 8 or lower

Completed Year 10

Never attended school

Have you previously been enrolled at Bass Coast Adult Learning?

Yes No

Have you previously studied part of your selected course(s) at another institution?

Yes No

Are you currently enrolled in any courses?

Yes No

How did you hear about BCAL? Please tick.

Advertising Word of Mouth Gov. Services Existing Customer

Website Social Media Other

We like to promote BCAL by using the stories and pictures of real people, such as you, on our social media, website and in our marketing material including our course brochures.

We will never use your photo without your permission. If you are happy for us to use your photo online or in our publications please fill in the information below to allow us to do so.

Do you give permission for:

Your course related work to be on view publicly online and in print media? YES NO

Your image (i.e. photo) to appear publicly online and in print media? YES NO

I agree that BCAL can take and use photographs and videos of me or my work and use them to help promote BCAL online and in print media up to one year after I have completed my course or have discontinued my work or volunteering with BCAL.

I am at least 18 years of age, have read and understand the previous statement, and am competent to sign this agreement.

I, _____ agree to the above statement

Signature: _____ Date: ____/____/____

NDIS INFORMATION

NDIS Number:

Where should your invoices be sent?

How is your NDIS plan managed?

What line item suits your NDIS plan for invoicing?

Do you have a support worker who will be attending sessions with you? **Yes / No** (Please circle one)

If yes, please provide the following details.

Name

Email

Phone

Do you give permission for us to communicate with your support worker about you if we are unable to contact you?

Yes / No

Vaccination Status:

Not vaccinated

Double vaccination

Booster vaccination

Medical exemption

Consent to share

We will work closely with other agencies to offer the best support for you and your family. Your informed consent for the sharing of information will always be asked for and respected unless we have to disclose your information by law regardless of consent or if it is otherwise unsafe or impossible to gain.

Easy English – Consent Form & Privacy & Confidentiality Explained

Bass Coast Adult Learning cannot speak to anyone about you, your situation, or your needs without you telling us it is okay to speak to a specific person about you. This includes partners, spouses, or family members unless you are under 18- in which case we can speak to your legal guardian.

1. By law, we are not allowed to refer you to other services or agencies without your permission.
2. This consent form gives us permission to speak to other service providers, or whomever you give us consent to talk to about you.
3. We will not talk about anything other than your supports, services or anything that relates to your safety.
4. Your information will only be shared if you agree to it.
5. We will still provide you with our services if you do not agree for us to share your information.
6. You can choose who your information is shared with, what type of information, and for how long.
7. If we think that your safety is at risk, or you are a risk to someone else, the law says that we need to tell someone about this. This might be the NDIS Commission, your support coordinator, child protection or the Police.
8. If you are doing something illegal, by law we must tell the Police.
9. We will talk to you about how we refer you and who we are referring you to before we do it
10. If we can't give you the supports you need, we might have to refer you to somewhere that can.
11. If we can't give you the supports you need because of a conflict of interest that can't be managed; we need to refer you to someone who doesn't have a conflict of interest.
12. Your information is stored in locked filing cabinets and password protected computers.

Primary Purpose Consent: The primary purpose(s) of this service has been explained to me, and I consent to the sharing of my personal information to assist in achieving the primary purpose(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have been given time appropriate for me to think about and review my options and seek advice if required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed Use and Disclosure of my personal information: I understand that the following service(s) are recommended, and relevant information about me may be shared with the agency(s) that provide these services, so that I receive the best possible service. Information will only be discussed or disclosed that directly relates to supports or service provision.	<input type="checkbox"/> Yes <input type="checkbox"/> No
To ensure the client can make an informed decision about consent to the disclosure of their information, the service provider should complete these steps: (tick when completed)	<input type="checkbox"/> Discuss with the client the proposed referral to other services/agencies. <input type="checkbox"/> Explain that the client's information will only be released if the client has agreed and advise that services will still be provided



even if the client does not want information disclosed.

Explain that information will be shared without consent if there is a serious threat to the health or safety of person(s), to report illegal activity or is required under the law.

Please sign on the next page.

Declaration:

Full Name: _____

Participant Signature: _____

Date: _____

Completion of enrolment form assisted by BCAL staff

**Parental/guardian consent is required for all students under the age of 18.*

PARENT/GUARDIAN SIGNATURE* DATE:

PARENT/GUARDIAN NAME:

Office Use Only - Funding Source				
Skills First <input type="checkbox"/>	ACFE <input type="checkbox"/>	NDIS <input type="checkbox"/>	Fee for Service <input type="checkbox"/>	Other <input type="checkbox"/>
<input type="checkbox"/> VETtrak	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Documents	<input type="checkbox"/> Concession	<input type="checkbox"/> Exemption

Notes:

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