

NDIS session/s	Term

PERSONAL DETAILS Please	BLOCK Letters
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Title:  Mr  Mrs  Ms  Other (please write):

Surname (Legal family name):

First Name:

Middle Name/s:

Date of Birth:

Gender:  Male  Female  (Indeterminate/Intersex/Unspecified)

CONTACT INFORMATION Please	BLOCK Letters
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Usual home address:

*Number and street*

Suburb:

Post code:

Mobile No.

Home  
No.

Email  
address:

Preferred Contact  
Method

Mobile

Email

Postal Address

Same as above  Yes

No - Please complete below

*Number and street name /PO*

*Box / RSD*

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

Hearing/deaf

Physical

Other

indicate the areas

Mental illness

Acquired brain

of disability,

Medical condition

impairment

impairment, or

Intellectual

Vision

long-term

Learning

condition. (You

may indicate

more than one

area.)

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.

**How did you hear about BCAL? Please tick.**

Advertising     Word of Mouth     Gov. Services     Existing Customer

Website     Social Media     Other

**NDIS INFORMATION**

NDIS Number: .....

Where should your invoices be sent?  
(Email address) .....

How is your NDIS plan managed?  
(Please select one)                       Plan                       Self                       NDIA

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

Do you have a support Coordinator? **Yes / No** (Please circle one) If yes, please provide the following details.

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

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

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

\_\_\_\_\_  
Organisation:

## 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
Your course related work to be on view publicly online and in print media?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your image (i.e photo) to appear publicly online and print media?	<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. <input type="checkbox"/> 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.

**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				
<input type="checkbox"/> Skills First	<input type="checkbox"/> ACFE	<input type="checkbox"/> NDIS	<input type="checkbox"/> Fee for Service	<input type="checkbox"/> Other
<input type="checkbox"/> VETtrak	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Documents	<input type="checkbox"/> Concession	<input type="checkbox"/> Exemption