

Expression of Interest Social Learning Groups

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Thank you for your interest in attending one or more of our Social Learning Groups. In order for us to assist with managing your expression of interest, please tick all the appropriate boxes and ensure all sections are accurately completed in order to avoid processing delays.

Date / /

Participant Details

First Name Surname Date of birth / /

Phone Email

Address

School (if attending) Grade

For Follow Up

Name Relationship

Phone Email

NDIS participant details (if applicable)

Participant Number Plan Dates: From / / to / /

Payment Management

Agency Managed Self Managed Plan Managed -Email for Account-

What's on at Connexions? Please select multiple interest groups and times that suit you

Monday	Preference	Pick up (may be available on request)
<input type="checkbox"/> Circus Arts	<input type="checkbox"/> 3.30-4.30 <input type="checkbox"/> 4.30-5.30 <input type="checkbox"/> 5.30-6.30	<input type="checkbox"/> No <input type="checkbox"/> Yes From <input type="text"/>
<input type="checkbox"/> Music/Drumming	<input type="checkbox"/> 3.30-4.30 <input type="checkbox"/> 4.30-5.30 <input type="checkbox"/> 5.30-6.30	<input type="checkbox"/> No <input type="checkbox"/> Yes From <input type="text"/>
<input type="checkbox"/> Minecraft	<input type="checkbox"/> 3.30-4.30	<input type="checkbox"/> No <input type="checkbox"/> Yes From <input type="text"/>
<input type="checkbox"/> Dungeons and Dragons	<input type="checkbox"/> 4.45-6.15	<input type="checkbox"/> No <input type="checkbox"/> Yes From <input type="text"/>
Tuesday		
<input type="checkbox"/> Circus Arts	<input type="checkbox"/> 3.30-4.30 <input type="checkbox"/> 4.30-5.30 <input type="checkbox"/> 5.30-6.30	<input type="checkbox"/> No <input type="checkbox"/> Yes From <input type="text"/>
<input type="checkbox"/> LEGO Builders	<input type="checkbox"/> 3.30-4.30 <input type="checkbox"/> 4.30-5.30 <input type="checkbox"/> 5.30-6.30	<input type="checkbox"/> No <input type="checkbox"/> Yes From <input type="text"/>
Wednesday		
<input type="checkbox"/> LEGO Tech - Motors	<input type="checkbox"/> 3.30-4.30 <input type="checkbox"/> 4.30-5.30 <input type="checkbox"/> 5.30-6.30	<input type="checkbox"/> No <input type="checkbox"/> Yes From <input type="text"/>
<input type="checkbox"/> Art and Drama	<input type="checkbox"/> 3.30-4.30 <input type="checkbox"/> 4.30-5.30 <input type="checkbox"/> 5.30-6.30	<input type="checkbox"/> No <input type="checkbox"/> Yes From <input type="text"/>
<input type="checkbox"/> Learning to Play	<input type="checkbox"/> 3.30-4.30 <input type="checkbox"/> 4.30-5.30 <input type="checkbox"/> 5.30-6.30	<input type="checkbox"/> No <input type="checkbox"/> Yes From <input type="text"/>
Thursday		
<input type="checkbox"/> Circus Arts	<input type="checkbox"/> 3.30-4.30 <input type="checkbox"/> 4.30-5.30 <input type="checkbox"/> 5.30-6.30	<input type="checkbox"/> No <input type="checkbox"/> Yes From <input type="text"/>
<input type="checkbox"/> Learning to Play	<input type="checkbox"/> 3.30-4.30 <input type="checkbox"/> 4.30-5.30 <input type="checkbox"/> 5.30-6.30	<input type="checkbox"/> No <input type="checkbox"/> Yes From <input type="text"/>
Friday		
<input type="checkbox"/> Circus Arts	<input type="checkbox"/> 3.30-4.30 <input type="checkbox"/> 4.30-5.30 <input type="checkbox"/> 5.30-6.30	<input type="checkbox"/> No <input type="checkbox"/> Yes From <input type="text"/>
<input type="checkbox"/> LEGO SPIKE and Robotics	<input type="checkbox"/> 3.30-4.30 <input type="checkbox"/> 4.30-5.30 <input type="checkbox"/> 5.30-6.30	<input type="checkbox"/> No <input type="checkbox"/> Yes From <input type="text"/>

Information for Interest Groups

Outcomes and Goals / (please be as specific as possible; What would you really like to focus on? What is would you like to get out of attending the activity?)

Support Needs - Relevant Medical and/or Specific Support Needs (what do we need to know to support you effectively)

Personal Information

Are there cultural/religious practices or requirements we need to be aware of? No Yes (please detail below)

Primary language spoken

Interpreter Required? Yes No

Communication Support Needs ?

Male Female

If the **person** is verbal, do they speak in: Single Words Sentences Other:

If the client is nonverbal do they use: Gesture Facial Expressions Sign Communication Aid Other:

Does the client display any **behaviors** of concern ? (what do we need to know) No Yes (please detail below)

Do you have a support plan? No Yes (please detail below)

Are there any other concerns, worries and/or fears person has ? No Yes

Does your child have any medical conditions? Epilepsy Anaphylaxis Asthma Other

(If other, please detail below)

Anything else we should know?/ _ aT[1k1SW[f[a` S`egba dIS kZ]` YWVf6

Thankyou, we will be in touch within the next 7 days.

ConneXtions Team