

Expression of Interest Secret Agent Society

Thank you for your interest in attending one or 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	<input type="text"/>	Surname	<input type="text"/>	Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>						
Address	<input type="text"/>								
								Postcode	<input type="text"/>

School (if attending)	<input type="text"/>	Grade	<input type="text"/>
Teachers Name/s	<input type="text"/>		

Things I enjoy

Contact For Follow Up

Name	<input type="text"/>	Relationship	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>

Secret Agent Parent/Guardian

Name	<input type="text"/>	Contact (If different to above)	<input type="text"/>	Relationship	<input type="text"/>
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Referrer Details (note: if referring yourself or a family member, please leave this blank)

Name	<input type="text"/>	Organisation	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>

Please ensure all sections are accurately completed to avoid processing delays. Email form to Intake@connexions.org.au

About your plan

Does the **person have a NDIS plan**

Yes No Unsure

NDIS Participant Details (if applicable)

Participant Number Plan Dates: From / / to / /

Payment Management

NDIA Managed Self Managed Plan Managed Nominee Managed

Number of hours to attribute (if known)

Plan Manager

Who will authorise payments?

Client
 Plan Manager

Plan Manager Details (if a Plan Manager is responsible for paying invoices on the Client's behalf)

Agency / Name
Phone Email

Document Signatory

Who will authorise documents?

Client
 Nominee

Nominee Details (if a Nominee is to sign documents on the Client's behalf)

Name
Address
 Postcode
Phone Email

Other Funding Sources

Medicare Private Other (please advise below)

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

Availability for Follow Up Preferred day and or time (are there any restrictions? and/or requirements)

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?(mobility, additional support, anything else?)

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

ConneXtions Team