





(08) 8280 3547

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NDIS new client form

Appointment details (office use offly).			
Client personal details			
Salutation:	Emergency contact		
Full name:	Name:		
Preferred name:			
Date of birth:	Phone number:		
Gender:	Relationship to client:		
Street and/or unit number:	Guardian/carer details		
Street name:	Name:		
Suburb:	Phone number:		
State: Postcode:			
Phone number:			
Email:			
Preferred contact method:			
Phone Message Email Other:			
Language at home other than English:			
Interpreter required: Yes No			
If yes, please supply details:			
Support decision maker:			
Clients NDIS details			
NDIS registration number:			
Plan start date:	Plan end date:		
Core daily funding available:			
Management: Self managed Agency managed	Plan managed		
Details of management			
Company name:			
Accounts:	Phone number:		
Support co-ordinator/referrer details			
Name:	Phone number:		
Email:			

Medical details Disability/ies: Medical conditions: Behavioural concerns: Other relevant information: Living arrangements Lives alone Lives with others Living arrangements: Lives with family Living arrangement details: How many bedrooms? How many bathrooms? Accommodation setting (if renting, are inspections regular etc.): Do you have any pets that reside in the home? Yes No If yes, please advise what pets they are and if they are friendly:

Services required

Service requested	Frequency	Preferred time/s	Preferred day/s
Cleaning			
Spring cleans			
Car cleaning			
Gardening/maintenance			
Support services			
Meal preparation			
Other:			

Supporting your preferences

Preferred written and spoken language	Preferred	l written	and spoken	language
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Preferred gender pronouns:

Is there any information relating to culture, diversity, values or beliefs that we need to be aware of when delivering services? Yes No

If yes, please describe:

Is there anything else you would like us to know about you that is important for how we provide our services to you?:

NDIS audit

As a registered NDIS provider, we have mandatory periodic audits and this may include participant interviews. All NDIS participants are automatically enrolled in the organisations audit process unless they decide to opt out. Opt out

Photographs

We may ask to take photographs during our site visit to help establish scheduling time frames and services. Please advise if you are comfortable for us to do so during this visit.

I consent for Webster Services to take photographs

Independence and informed choice

Webster Services will act in the best interests of you, our client, ensuring that you are informed, empowered and able to maximise choice and control in accordance with the National Disability Insurance Scheme (NDIS) <u>Terms of Business</u> for Providers.

Webster Services commits that the organisation will not (by act or omission) constrain, influence or direct decision making by yourself or family/caregivers or limit your access to information, opportunities, choice and control.

Collection of personal information and consent

Webster Services collects and retains personal information (such as your name, date of birth, address, and personal needs) so that we may provide you with high quality services. This information may be disclosed between the National Disability Insurance Agency (NDIA), its partner agencies and/or other service providers that may be able to provide you with further support services. Unless authorised or required by law, your personal information will not otherwise be disclosed to any other third party without your consent. Webster Services Privacy Policy can be provided on request.

Staff will only collect relevant personal information to:

- provide quality services
- carry out the functions, supports and activities on behalf of the organisation
- meet our statutory, licencing, regulatory or legal requirements.

Staff will not disclose or use personal information without the specific written consent of you, our client, and/or your appointed guardian/administrator.

I consent for Webster Services to collect the above personal information and to create service bookings on my behalf as the participant (for NDIS/Agency managed plans only).

Name of client or client representative:					
Signature:					
Date:					

Additional notes

Please return completed form to **enquiries@websterservices.com.au**

If you require support completing this form, please contact our team on **(08) 8280 3547** or email **enquiries@websterservices.com.au**

Assistance with daily living cleaning, yard maintenance and general support