BENDIGO CARE 4 U – CLIENT ONBOARDING FORM

ABN: 14 145 961 607 | Contact: 0414 917 425 | Email: bendigocare4u@gmail.com

Address: 10 Energetic Street, Long Gully VIC 3550

SECTION 1: PARTICIPANT DETAILS

- Full Name: _____
- Preferred Name: _____
- Date of Birth: _____
- NDIS Number: _____
- Plan Start Date: _____
- Plan End Date: _____
- Plan Type: ☐ NDIA Managed ☐ Plan Managed ☐ Self-Managed
- Primary Disability: _____
- Diagnosis/Relevant Medical Info: _____

SECTION 2: CONTACT DETAILS

- Participant Address: _____
- Phone Number: _____
- Email Address: _____
- Preferred Contact Method: ☐ Phone ☐ Email ☐ SMS ☐ Other: _____
- Emergency Contact Name: _____
- Relationship: _____
- Emergency Contact Number: _____

SECTION 3: SUPPORT COORDINATOR / PLAN MANAGER (if applicable)

- Support Coordinator Name: _____
- Organisation: _____
- Phone / Email: _____
- Plan Manager Name: _____
- Organisation: _____
- Phone / Email: _____

SECTION 4: SERVICES REQUESTED

Please tick all that apply:

☐ Personal Care

☐ Meal Preparation

☐ Community Access

☐ Transport

☐ Household Tasks

☐ Medication Assistance

☐ Social Support

☐ Other: _____

SECTION 5: CULTURAL & INDIVIDUAL NEEDS

- Cultural/Religious Preferences: _____
- Communication Needs (e.g. non-verbal, interpreter): _____
- Mobility/Assistive Equipment Used: _____
- Behavioural or Safety Considerations: _____

SECTION 6: CONSENTS

☐ I give consent for Bendigo Care 4 U to collect, store and use my personal information in accordance with the Privacy Policy.

☐ I agree to the terms outlined in the Service Agreement.

☐ I consent to communication with relevant third parties for the purpose of coordinating supports.

☐ I have received a copy of the Participant Handbook and Complaints Process.

SECTION 7: SIGNATURES

Participant/Representative Name: _____

Signature: _____ Date: _____

Staff Member Name (Bendigo Care 4 U): _____

Signature: _____ Date: _____