**Prospective Participant Information**

The following information is required by Pinnacle Inc. before agreeing to enter into a service agreement with a prospective participant.

**Contact Details**

Participant

Name: Date of Birth:

Current Address:

Participant’s Representative

Name: Phone Number:

Email Address:

Postal Address:

Relationship to the Participant: (e.g. Support Coordinator, Plan Manager, Plan Nominee, Guardian, Parent)

**Participant Details**

|  |
| --- |
| **Other Supports/Services (details of current engagement with other service providers - e.g. day services, allied health, early intervention)** |
|  |
| **Employment (details of existing or immediately prior supported employment or other employment)** |
|  |
| **Living Arrangements (details of accommodation – e.g. SDA, living at home with parents/carer(s), independent living)** |
|  |
| **Interests** |
|  |
| **Communication** |
|  |
| **Health/Medical (e.g. epilepsy, mental health care plans, asthma, transfers, allergies)** |
|  |
| **Behaviour (e.g. behaviours of concern, inappropriate human relations). Is a Behaviour Support Plan in place?** |
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| **Legal (details of any past or current criminal charges, convictions, supervision treatment orders, intervention orders, etc.)** |
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| **Supports required (Please tick as required)** |
| Day Services1:1 SupportIn-Home SupportRespiteSupported EmploymentOther (please describe) |
| **Level of Support Required (consider level of independence, mobility, health, communication, behaviours of concern, care needs, safety, etc.)** |
|  |
| **Does the participant have a current NDIS Plan? (please circle)** |
| Yes / No |