

## PART 1: Personal Information and Contact Details

### Your Personal Details

First Name		Surname			
Preferred Name		Gender		Date of Birth	
Address					
Postal (if different)					
Email Address					
Phone Number		Mobile			
Do you have a carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Same as Emergency contact <input type="checkbox"/>		

### Carer's\* Personal Details

Carer's Name		Date of Birth			
Carer's Address					
Carer's Email					
Carer's Phone		Mobile			

\*A carer may be family, friends, neighbours or associates who have some responsibility for your physical, emotional, social or developmental wellbeing.

### Emergency Contact Person

First Name		Surname			
Preferred Name		Gender			
Relationship to you					
Address					
Email Address					
Phone Number		Mobile			
Emergency contact person has been informed of role				Yes <input type="checkbox"/>	No <input type="checkbox"/>

### General Practitioner / Psychiatric practitioner

Name		Position			
Clinic Name					
Address					
Email Address					
Phone Number		Mobile			
Consent contact given for this person				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Support Check Contact – Mental Health Support			
First Name		Surname	
Preferred Name		Gender	
Relationship to you			
Address			
Email Address			
Phone Number		Mobile	
Support person has been informed of role		Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give permission for an Out Doors staff member to contact my support person to undertake a support check and discuss information that is relevant to best support me on programs with Out Doors. (Refer to the Participant Handbook for the type of information Out Doors enquires about).		Yes <input type="checkbox"/>	No <input type="checkbox"/> Date:

NDIS Plan Details (Only applicable to those with an active NDIS plan)			
NDIS Number			
Current Plan Expiry Date			
Support Coordination			
Support Coordinator Name			
Name of Organisation			
Address			
Email Address			
Phone Number		Mobile	
Plan Management			
Plan Management Method	Self-Managed <input type="checkbox"/>	Plan Managed <input type="checkbox"/>	Agency Managed <input type="checkbox"/>
Plan Management Provider (if relevant)			

Referral Source	
Self <input type="checkbox"/>	Family/Friend <input type="checkbox"/>
General Practitioner <input type="checkbox"/>	Community Service Agency <input type="checkbox"/>
Residential Rehabilitation <input type="checkbox"/>	Hospital <input type="checkbox"/>
Community Mental Health Service <input type="checkbox"/>	Community Care Unit <input type="checkbox"/>
Psychiatrist/Psychologist <input type="checkbox"/>	