

Expression of Interest



Your Details/Participant

Name:

NDIS Number:

Preferred Location:

Contact Number:

Email Address:

SDA Information

Approved SDA home:

Approved Type:

Approved Ratio:

Approved Funding:

Location:

Please select home,
type & ratio from the
drop down boxes

Support Coordinator Details

Name:

Organisation:

Email:

Contact Number:

SIL Details

Organisation:

Contact Name:

Contact Number:

PARTICIPANT CONSENT

We collect information about you for the primary purpose of providing quality supports and services to you. We need to collect some personal information from you to ensure our services meet your needs. If you do not provide this information, we may be unable to fully provide these services. This information will also be used for:

- a. administrative purposes for running our service
- b. billing you directly, through the NDIS, or other agency if required
- c. use within our service to ensure you are provided with quality supports and services
- d. disclosure of information to the NDIA, the NDIS Quality and Safeguards Commission, or other government agencies if needed
- e. disclosure of information to health professionals to ensure high quality health care for you if needed
- f. disclosure to other providers, with your consent, in order to provide appropriate services.

We do not disclose your personal information to overseas recipients.

We have a privacy policy that is available on request. That policy provides guidelines on the collection, use, disclosure and security of your information.

To ensure the process of quality supports and services, information about you may be given to other service providers who also provide you services.

By signing the declaration below you hereby acknowledge that you

- have read the above information and understand the reasons for the collection of my personal information and the ways in which the information may be used and disclosed and I agree to that use and disclosure
- understand that it is your choice as to what information you provide and that withholding or falsifying information might act against the best interests of the supports and services you receive
- are aware that you can access your personal information and shift notes on request and if necessary, correct any information you believe to be inaccurate
- understand that if, in exceptional circumstances, access is denied for legitimate purposes, that the reasons for this and possible remedies will be made available to you
- have been provided with or have been given an opportunity to obtain a copy of the privacy policy.
- consent to providing your personal information to **SDA Australia Group Ltd**
- consent for your personal information to be shared with organisations which are involved in the provision of supports pursuant to your participation in the National Disability Insurance Scheme.

Participant signature _____ Date _____

Name of Participant _____

Legal guardian signature (if required) _____

Name of legal guardian _____ Date _____