

Windgap's Support Coordination Intake Consent Form FM-SC-008

If you have any questions about this form, require assistance to complete or would like additional information about Windgap Services, please contact us on (02) 83373600 or email info@windgap.org.au

Section 1 – Participant Details

First Name:		Surname:			
Preferred Name:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		
Date of Birth:		Email:			
Centrelink CRN:		Housing TFN:			
Medicare Card:	Number:	IRN:	Expiry:		
Mobile Phone:			Home Phone:		
Home Address:			State:		Postcode:
Postal Address:	<input type="checkbox"/> As above <input type="checkbox"/> Other		State:		Postcode:
Were you born in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Other County of Birth:		
Are you of Aboriginal or Torres Strait Islander Origin? <input type="checkbox"/> No <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes – Torres Strait Islander <input type="checkbox"/> Do not wish to Disclose	Main language spoken:				
	Other language spoken:				
	Do you require an interpreter?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please select most appropriate: <input type="checkbox"/> An Australian Citizen <input type="checkbox"/> Living permanently in Australia <input type="checkbox"/> Permanent Visa <input type="checkbox"/> Protected Special Category Visa <input type="checkbox"/> Other including temporary visa (specify)	Visa Type:				
	Nationality:				
	Passport Number:				

Section 2 – How would you like Windgap to contact you?

I would like to be contacted in the following ways:	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Mobile Phone	<input type="checkbox"/> by Email
	<input type="checkbox"/> Contact my Authorised Representative	<input type="checkbox"/> Other, Please specify:	
I communicate in the following ways	<input type="checkbox"/> Verbal Communication	<input type="checkbox"/> Picture Communication	<input type="checkbox"/> Use of Gestures
	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Other Signing	<input type="checkbox"/> Interpreter
	<input type="checkbox"/> Adjusted Verbal Language	<input type="checkbox"/> Electronic Communication	<input type="checkbox"/> Other, Please indicate:

Section 3 – Participant Emergency Contact Details

This section is to be completed if the person completing the form or providing the information is;
A person aged under 18 whom you have parental responsibility; or a person for whom you are a representative or a legal guardian.

This information can be verified through the Australian Department of Human Services (Centrelink) using the CRN provided in Section 1.

First Name:		Surname:	
Mobile Phone:		Home Phone:	



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Home Address:	<input type="checkbox"/> Same as Participant <input type="checkbox"/> Other		
Relationship to participant:		Email:	
Is there a Guardianship order?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this contact also an authorised representative?	<input type="checkbox"/> Yes <input type="checkbox"/> No

** Please ensure if completing section 3 and identify as Guardian please provide Windgap with the Guardianship Order by NSW Civil and Administrative Tribunal (NCAT).*

Section 4 – Details of Disability

Primary Disability:			
Other Disabilities, Please List			
Did you acquire your disability because of an injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you seeking, or have you previously sought compensation related to your disability or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require any Mobility Aids?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use and incontinence aids?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am able to attach and send through the following reports:			
<input type="checkbox"/> Anaphylaxis Management Plan	<input type="checkbox"/> Behaviour Support Plan	<input type="checkbox"/> Diabetes Management Plan	
<input type="checkbox"/> OT Functional Assessment	<input type="checkbox"/> Mealtime Management Plan	<input type="checkbox"/> Epilepsy Management Plan	
<input type="checkbox"/> Mobility Plan	<input type="checkbox"/> Clinician Report	<input type="checkbox"/> Other Plans or Reports	

Section 5 – Privacy and Consent

Windgap may need to contact health, medical practitioners and/or government agencies to share, exchange or request the provision of personal and health information about you.
Please note that if you do not consent to the collection of your personal information, Windgap may not be able to assist you. More information about collection, use, disclosure and storage of your personal information can be provided by contacting Windgap on (02) 8337 3600 or email info@windgap.org.au.

Do you give permission for the following:

1. Information – Windgap to collect from and or share your information with third parties.

Third parties can include but are not limited to the NDIS, Centrelink, Disability Service Providers (such as Windgap Direct Services), Department of Housing, Medical supports, Advocacy Services, any Legal Services, Educational Facilities, and Informal Supports (such as family and friends).

The sharing of this information may be used in the form of Microsoft SharePoint.

- Yes, I consent.
- No, I do not consent.

2. Audits – Auditors, internal and external to access participant file information and to conduct interviews with you.

- Yes, I consent.
- No, I do not consent.



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Form Developed by: NDIS Compliance and Safety Manager

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3. Images – Release of images and/or videos and digital footage for both internal and external use including marketing purposes.

- Yes, I consent.
- No, I do not consent.

**Please note you will need to inform the Australian Government Department of Human Services (including Centrelink and Medicare) as well as NDIS of your consent.
If you wish to withdraw consent, you will need to do so in writing to Windgap.

Section 6 – Signature of Acknowledgement

By signing this Intake Consent Form I confirm the following:

- The information I have provided is true and correct and that I have given all of the information and documents that I have or can reasonably obtain.
- I understand that I can withdraw my consent at any time by advising Windgap in writing.
- I understand that I can access Windgap's Privacy and Confidentiality Policy on our Website www.windgap.org.au.
- I understand that if I select email under section 2 as my preferred means of communication, that Windgap may email me sensitive or confidential information. I also understand that Windgap cannot guarantee the security of the email once it leaves our system.
- Windgap Staff are obliged to disclose information in certain circumstances to authorities, as outlined in Windgaps Privacy Policy.
- Please refer to Windgap's Cancellation Procedure for details of service cancellation schedule.
- Windgap Support Coordinators are subject to Windgap's Conflict of Interest Policy and Procedure.
- Practice is outlined in Windgap's Support Coordination Procedure which will be provided upon request.
- In line with Windgap's Conflict of Interest Policy and Procedure Windgap's Direct Services are considered a third party by Windgap Support Coordinators and require the above consent to communicate.

Participants Full Name:		Signature:		Date:	
Representative Full Name:		Signature:		Date:	

****Windgap may require evidence of your authority to sign on the behalf of the participant.**

