

AutStars

Application Form

Details of Participant:

First Name(s):

Surname:

Date of Birth:

/ /

Parent/Guardian Name(s)

Address:

Phone No:

Mobile No:

Email:

Emergency Contact Details:

Full Name:

Contact No:

Special Dietary Requirements:

Formal Diagnosis:

Additional Diagnoses (please note all that apply so that we may better accommodate needs):

What should we know about this participant (to ensure they feel safe and included)?:

Special Interest(s)

Triggers

Calming Strategies

Is there anything else we should know to make this participant feel welcome?:

Participant is registered with:

Lower South West Disability Services

Upper South West Disability Services

National Disability Insurance Scheme (NDIS)

Department for Child Protection and Family Support

YES Program fees may be claimed through NDIS, if Capacity Building – Daily Activities funding is self-managed.

Parent/Carer
Signature:

Date:



The privacy & confidentiality of you / your family will be treated with respect at all times.
No personal information will be released without your prior consent.

IMPORTANT: There are immune compromised people participating in SWAN groups. Please ensure that your/your child's immunisations are up-to-date. Please contact the SWAN office if you have any queries.