AutStars

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| **Application Form** |

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| **Details of Participant:** | |
| **First Name(s):** |  |
| **Surname:** |  |
| **Date of Birth:** | **/     /** |
| **Parent/Guardian Name(s)** |  |
| **Address:** |  |
|  |
| **Phone No:** |  |
| **Mobile No:** |  |
| **Email:** |  |

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| **Emergency Contact Details:** | |
| **Full Name:** |  |
| **Contact No:** |  |
| **Special Dietary Requirements:** | |
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| **Formal Diagnosis:** |

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

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| **What should we know about this participant (to ensure they feel safe and included)?:** | | |
| **Special Interest(s)** | **Triggers** | **Calming Strategies** |
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| **Is there anything else we should know to make this participant feel welcome?:** | | |
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| **Participant is registered with:** |

**National Disability Insurance Scheme (NDIS)**

**Department for Child Protection and Family Support**

**AutStars fees may be claimed from NDIS Core budget, Capacity Building Daily Activities or Social & Community Participation budgets if the funding is Self-Managed or Plan Managed.**

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| **Parent/Carer**  **Signature:** |  | **Date:** |  |

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|  | **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.