




NB: Completion of this form is obligation free to the family, the individual and The Tertiary PLACE. It does not constitute an agreement to provide or accept any service.

Details of person making enquiry / completing this form

Name		Relationship to potential member	
Address		Phone	(H) (Mob)
Email		Preferred contact	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 

Details of potential member

Name		Date of Birth		Gender	
Address					
Disability / Diagnosis Information					
Are other agencies involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which agencies?			
Is the individual registered with Disability Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who is your Departmental contact? (please provide phone/email)			
Does the individual have post-school funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what sort of package (individual/block/transition), how much is it and who is managing it?			
Is the individual's community access limited?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what kind of support is required for community access?			
Does the individual have any behavioural issues (including any behaviours that cause harm to self or others)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details of concerning behaviours.			
Are any restrictive practices required in managing the individual's behaviour?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	If yes, which practices are involved? <input type="checkbox"/> Containment <input type="checkbox"/> Seclusion <input type="checkbox"/> Chemical Restraint <input type="checkbox"/> Physical Restraint <input type="checkbox"/> Mechanical Restraint <input type="checkbox"/> Restricting Access			
Has a plan been completed for the above restrictive practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide a copy of the plan.			
Has the above plan been approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide a copy of the plan.			

stage 1

Does the individual require any medical supports (including day time medications)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what medical supports would be required during the day at TTP?
Does the individual require support for mobility (including using stairs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what support would be required during the day at TTP?
Does the individual require assistance for self care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what assistance would be required during the day at TTP?
Education / School Information	When did the individual finish school?	
	What school/s did the individual attend?	

Program interests (✓)

<p>Programs run according to numbers, need and resources. Some programs may attract additional fees.</p>	<input type="checkbox"/> Drama	<input type="checkbox"/> Numeracy	<input type="checkbox"/> Singing	<input type="checkbox"/> Dancing	<input type="checkbox"/> Craft
	<input type="checkbox"/> Performing	<input type="checkbox"/> Academics	<input type="checkbox"/> Literacy	<input type="checkbox"/> Visual Arts	
	<input type="checkbox"/> Leisure Skills	<input type="checkbox"/> Hobbies	<input type="checkbox"/> Animal Studies	<input type="checkbox"/> Domestic Skills	
	<input type="checkbox"/> Team Sport	<input type="checkbox"/> Computers	<input type="checkbox"/> Cultural Studies	<input type="checkbox"/> Writing or Illustrating	
	<input type="checkbox"/> Music	<input type="checkbox"/> Animal Therapy	<input type="checkbox"/> Physical Fitness	<input type="checkbox"/> Social / Emotional Skills	
	Other				

Details about carer

Name of primary carer		
Their Relationship to the individual		
Does the carer care for more than one person with a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, further detail would be helpful.
Does the carer have difficulties providing on-going care and support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, further detail would be helpful.
Is the carer aged 65 years or over?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, further detail would be helpful.

Any other relevant information

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Full disclosure of behaviours and necessary supports is required. Failure to disclose relevant information may result in an individual not being accepted into or being exited from the service.