|  |  |
| --- | --- |
| Participant Name- |  |
| Disability/medical condition |  |
| NDIS number (Optional) |  |
| Support worker Preference (Male/female) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Supports Required |  Yes/No | Hours/week (Approx.) | Comments  |
| Assistance with self-care |  |  |  |
| Social and Community Participation  |  |  |  |
| Assistance with domestic duties  |  |  |  |
| Other-  |  |  |  |

Other details-

|  |
| --- |
|  |

Staff Name: - Position: -