

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:

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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:

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.

Parent/Carer
Signature:

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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.