

Registration of Interest form



Date:

Xlent Staff member:

Personal Information

Person's name			
D.O.B			
Parent/Guardian names:			
Address			
Email and Phone number			
Accommodation Service (if applicable)			
Address			
Daytime contact no.			
Accommodation Email			
No. of days requested	M	T	W T F
Trial day required?	Yes / No		
Does Participant Require Transport?	Yes / No		
Type of Disability and Level of Support Needs (medium, high etc)			
If Known, How Will You Pay for the Service?	DSCI Funding	NDIS Funding	Self Funding
Do you have a current NDIS Plan?	Participant Number: Plan Start and End Dates: Managed by: Self Plan NDIS		

Xlent Disability Services

48 Barnett Avenue, GLYNDE PO Box 2269 KENT TOWN SA 5071

(08) 8165 2023 info@xlent.org.au

ABN 41 126 242 046

Specific support requirements	Bathroom	
	Mobility	
	Medication	
	Communication	
	Behavioural	
	Diet	
	Allergies	
	Additional Info	
	Xlent Notes:	
What are his/her special interests?		
What activity does he/she like doing? Eg Bowling, swimming		
What are his/her current goals?		
What other goals he/she would like to achieve?		

Additional notes:

OFFICE USE ONLY - Checklist to be completed by Xlent Staff – Please initial and date once completed

Check List	Date Completed	By Who	Signature
Disability coordinator has been given contact details:			
Invoices to be sent to:			
Correspondence to be sent to:	:		
Added to database (inc. mail out list)			
Contract received and signed (make a file):			
Added to pick up sheet:			
Added to S.A.F:			
Medical information returned:			
Transport arrangements, if any:			
Email added to relevant lists (eg Mailchimp):			
Date person starting put in calendar:			
Invoice information for that quarter given to appropriate personnel:			
Added to invoice/funding spread sheet:			
Communication book made:			
Senior staff been informed of new participant:			