



## SDA Participant Application Form

### Participant details

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Full name: \_\_\_\_\_ Participant NDIS Number: \_\_\_\_\_

Date of birth: DD / MM / YYYY

Mobile: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Guardian Details:

*(name & number)*

Emergency contact person (1):

*(name & number)*

Emergency contact person (2):

*(name & number)*

Attach copy of Photo ID:

### Advocate/representative details *(if applicable)*

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Full name: \_\_\_\_\_ Relationship with the Participant: \_\_\_\_\_

Mobile: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Postal address: \_\_\_\_\_

Attach copy:

### NDIS Funding Information

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Is this a transition from another provider?  Yes  No

NDIS Number: \_\_\_\_\_ Attach copy of Plan:

Start date of NDIS Plan: DD / MM / YYYY End date of NDIS Plan: DD / MM / YYYY

Funding:  Plan Managed  NDIA Managed  Self-Managed  State Trustee):

Other (Please Specify): \_\_\_\_\_

### Mode of communication

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Language: \_\_\_\_\_ Preferred Language spoken: \_\_\_\_\_

Interpreter required:  Yes  No

Preferred method of communication:

face to face  phone call  text message

letter  visual

(images/videos)  contact with my advocate/representative



Participant's eligibility for SDA?

SDA design category eligibility under the NDIS? (Tick one only)

- Improved Liveability     Fully Accessible  
 Robust                       High Physical Support

SDA building type eligibility under the NDIS? (Tick one only)

- Apartments     Duplexes, villas and townhouses  
 Houses         Group homes     Larger dwellings

Current housing situation / future housing needs?

Any specific timeframe for change of accommodation?

Onsite Overnight Assistance (OOA)?

**Sign off**

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Participant/Guardian:  
(circle as applicable)

Signature:

Date:                      DD / MM / YYYY

## Form Submission

Please email the completed form to: [property@sdaconsulting.com.au](mailto:property@sdaconsulting.com.au)