



SDA Participant Application Form

Participant details

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)*

Full name: _____ Relationship with the Participant: _____
Mobile: _____ Phone: _____
Email: _____ Website: _____
Postal address: _____
Attach copy:

NDIS Funding Information

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): _____



ADDRESS

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Mode of communication

Language:

Preferred Language spoken:

Interpreter required: Yes No

Preferred method of communication:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> face to face | <input type="checkbox"/> phone call | <input type="checkbox"/> text message |
| <input type="checkbox"/> letter | <input type="checkbox"/> visual
(images/videos) | <input type="checkbox"/> contact with my advocate/representative |

Participant's eligibility for SDA?

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

- | | |
|---|--|
| <input type="checkbox"/> Improved Liveability | <input type="checkbox"/> Fully Accessible |
| <input type="checkbox"/> Robust | <input type="checkbox"/> High Physical Support |

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

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Apartments | <input type="checkbox"/> Duplexes, villas and townhouses |
| <input type="checkbox"/> Houses | <input type="checkbox"/> Group homes <input type="checkbox"/> Larger dwellings |

Current housing situation / future housing needs?

Any specific timeframe for change of accommodation?

Onsite Overnight Assistance (OOA)?

Sign off

Participant/Guardian:

Signature:

(circle as applicable)

Date: DD / MM / YYYY