

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 Full name: Participant:				
Mobile:	Phone:			
Email:	Website:			
Postal address:				
Attach copy:				
NDIS Funding Information				
Is this a transition from	n another provider? 🛛 Yes 🗌 No			
NDIS Number:	Attach copy of Plan: \Box			
Start date of NDIS Plar	n: DD / MM / YYYY End date of NDIS Plan: DD / MM / YYYY			
Funding: □ Plan Managed □ NDIA Managed □ Self-Managed □ State Trustee): □ Other (Please Specify):				



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Mode of communication

Language:		Preferred Language spoken:			
Interpreter required: \Box N	∕es □ No				
Preferred method of communication:					
□ face to face	phone call	□ text message			
□ letter	<pre>visual (images/videos)</pre>	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

Participant/Guardian:

(circle as applicable)

Date:

DD / MM / YYYY

Signature: