

## Expression of Interest

Thank you for enquiring about Forsight's services. Please fill in the required information and return to us either via email or post. We look forward to receiving your reply.

<p><b>What are Forsight Services are you interested in finding out more about?</b></p>	<input type="checkbox"/> Supported Independent Living <input type="checkbox"/> Supported Disability Accommodation <input type="checkbox"/> Respite Accommodation	<input type="checkbox"/> Support Coordination <input type="checkbox"/> Specialised Support Coordination <input type="checkbox"/> Community Participation (internal clients)
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### Person making the enquiry:

Name			
Email		Phone Number	
Relationship to NDIS Participant	<input type="checkbox"/> Yourself <input type="checkbox"/> Parent / Guardian	<input type="checkbox"/> Support Coordinator <input type="checkbox"/> Other: _____	

### About the participant:

Your/their name		Age	
Who is your/their next of kin?			
Are you under Trustee and Guardianship?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your primary disability? <i>(Your primary disability is the disability that affects your daily life the most.)</i>			
Please list if you have any other disabilities.			
Are you of Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> Yes, Aboriginal Australian <input type="checkbox"/> Yes, Torres Strait Islander Australian <input type="checkbox"/> Yes, both	<input type="checkbox"/> No <input type="checkbox"/> Do not wish to disclose	

Suite 508, Level 5, 63-79 Parramatta Road, Silverwater NSW 2128, Australia

Email: [contactus@forsight.org.au](mailto:contactus@forsight.org.au) | Office: (02) 8892 1000

[www.forsight.org.au](http://www.forsight.org.au)

<p>Are there any cultural or religious beliefs we need to be aware of?</p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes  Please specify: _____</p>
<p>Do you need an interpreter to help us communicate with you?</p>	<p><input type="checkbox"/> Yes      Language: _____  <input type="checkbox"/> No</p>
<p>Do you require assistance to communicate effectively because of their disability?</p>	<p><input type="checkbox"/> No, does not need assistance  <input type="checkbox"/> Yes, needs special equipment  <input type="checkbox"/> Yes, needs assistive technology  <input type="checkbox"/> Yes, needs assistance from other persons (physical assistance, guidance, supervision or prompting)</p> <p>If yes, please describe type of assistance required:</p>
<p>Do you have an NDIS plan?</p>	<p><input type="checkbox"/> Yes  ▪ NDIS Plan Start Date: _____  ▪ NDIS Plan End Date: _____</p> <p><input type="checkbox"/> No</p>

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