

PARTICIPANT DETAILS	
Surname:	
Given name/s:	
Date of Birth:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Phone:	Mobile Phone:
E-mail:	Facsimile:
Current Address:	
Postcode:	
NDIS Number:	Plan Dates:
Plan Type: please circle: NDIA <input type="checkbox"/> Plan Managed (if yes, please list plan manager) <input type="checkbox"/> Self Managed. <input type="checkbox"/>	
NDIS Goals:	

WHAT IS YOUR HIGHEST COMPLETED LEVEL OF SCHOOLING					
Year 12	Year 11	Year 10	Year 9	Year 8 or below	Special School
Please circle the one that best suits you					
Which school did you attend?					

EMPLOYMENT/ DAY PLACEMENT DETAILS			
Full time	Part time	Day program	At home
Please circle the one that best suits you			
Where do you attend?			

WHAT TYPE OF DISABILITY DO YOU HAVE?						
Hearing	Physical	Intellectual	Learning	ABI	Vision	ASD
Please circle the one that best suits you						

Do you have epilepsy? YES/NO	What type?
How often are seizures?	Do you require an Ambulance? YES/NO
Management Plan Provided?	
Any other information we need to know in regards to your epilepsy?	

Dietary Needs?	Plan Management Provided?
Asthma?	Plan Management Provided?
Other Allergies? Please explain	
Are there any other illnesses or disabilities we need to be aware of? Please explain	
Does the participant require a carer? YES/NO	Who will you provide?
Name:	Company Name:

BEHAVIOURS OF CONCERN

Are there any behaviours of concern? Identify any Triggers?			
Behaviour	Great At	Getting Better At	Want to Work On
Traffic Awareness			
Communicating Appropriately			
Looking After Property			
Aware of Personal Space			
Keeping my Hands to Myself			
Travelling Safely in a Vehicle			
Following Instructions			
Can Handle my own Money			
Can Handle my Medication			
Do you: Smoke?	YES/NO?	Drink?	YES/NO?
My Strengths- What I'm really good at-			
What I like?			
What I don't like? (Include sensory considerations)			
I am happy when?			

You will know when I am unhappy by?			
I prefer to communicate by-			
Preferred Worker(Please Circle)	Male	Female	Doesn't matter

PARENT/ GUARDIAN DETAILS	
Surname:	
Given name/s:	
Date of Birth:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Phone:	Mobile Phone:
E-mail:	Facsimile:
Current Address:	
Postcode:	

NEXT OF KIN DETAILS	
Name:	Relationship:
Mobile:	Email:
GP DETAILS	
Clinic Name:	Doctor Name:
Phone:	Email:

DAYS YOU WISH TO ATTEND – PLEASE TICK

MONDAY	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 12.30pm-3.30pm	<input type="checkbox"/> 4.00pm-6.00pm (Autism Specific 13-16)
TUESDAY	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 12.30pm-3.30pm	<input type="checkbox"/> 4.00pm-6.00pm (LGBTQI friendly)
WEDNESDAY	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 12.30pm-3.30pm	
THURSDAY	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 12.30pm-3.30pm	<input type="checkbox"/> 4.00pm-6.00pm (SocialSpaceClub)
	<input type="checkbox"/> 6.30-9.30pm (Fortnightly Dinner @ the Eltham Pub)		
FRIDAY	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 12.30pm-3.30pm	<input type="checkbox"/> 4.00pm-6.00pm (SocialSpaceClub)
	<input type="checkbox"/> 6.30-9.00pm (DISCO)		

Participants to be picked up no later than the finishing times.

Participants are responsible for their own possessions while at CYT

Tea and water are available. Participants can bring their own snacks and drinks labelled.

CHECKLIST FOR ENROLMENT (Please ensure you have attached / completed the following)

<input type="checkbox"/> Completed Enrolment Form	<input type="checkbox"/> Attached signed copy of Behavioural Agreement
<input type="checkbox"/> Agree to CYT using your image on social media	<input type="checkbox"/> Agree to Photography Guidelines
<input type="checkbox"/> Agree to CYT contacting other agencies on your behalf to better assist you	

CONDITIONS

In consideration of Change Your Therapist accepting my enrolment as a participant and providing tuition to me, I agree that:

- a) *My behaviour will be respectable to staff and other students.*
- b) *I will contact CYT if I am going to be away or unwell with at least 24 hours' notice.*
- c) *I will arrive and leave at the times specified*
- d) *If you need a carer it is your responsibility to provide them*
- e) *CYT has a no lifting policy*

Change Your Therapist protects your privacy. All information provided by you will be stored in a locked cabinet or digitally encrypted on hard disk.

There will a staff member present during lunchtime if you are staying for the full day. It is your responsibility to bring your lunch with you. Staff will not be going out to provide lunch for you or purchase on your behalf.

If for some reason a session needs to be cancelled or changed to another time by Change Your Therapist, we will provide you with at least 24 hours' notice.

All staff at Change Your Therapist will treat you with respect and dignity.

Any behaviours displayed by the student that have not been documented on this form and a behaviour plan provided will incur instant dismissal.

PHOTOGRAPHY GUIDELINES

Our Photography Sessions will be guided for the participant's benefit & safety but with independent choice making in terms of subject.

The Participants are to bring their own camera, ipad or phone to take photos.

Guidelines for Image Storage - Photography Sessions @ CYT

CYT will retain the images taken during the photography sessions.

At the end of the term, we will print, crop & frame several images from each participant, in consultation with the participant themselves, and put on an exhibition of these works. The proceeds of the sale of these images, will be halved between the participant and CYT (to cover printing and framing costs).

DECLARATION

- *I certify that I have read this form thoroughly.*
- *I certify that I have read the Conditions of Enrolment thoroughly and agree to the conditions stated.*
- *I understand that enrolment is accepted under the condition that I have NDIS funds available*

Signature: _____ Date: _____

Print Name: _____

I hereby acknowledge and agree to the terms and conditions of the Contract

Parent/Guardian Signature: _____ Date: _____
(If student is under 18 years of age)

Return Completed Enrolment Form To:

**CHANGE YOUR THERAPIST
165A PARA ROAD, GREENSBOROUGH 3088
TEL: 0478 957 184 OR 0479 126 131
EMAIL: info@changeyourtherapist.com.au**