



Keeping the heart 



PARTICIPANT PACK
SUPPORT AT HOME

WHAT'S INSIDE YOUR PARTICIPANT PACK



“ This pack is to be used in partnership with the Welcome Pack. It should be completed by the Team Leader after the Welcome Pack has been explained in full detail. All components of this pack need to be taken by the Team Leader. ”

- SERVICE PARTICIPANT INFORMATION FORM
- ASSESSMENT FORM
- CONSENT TO SHARE FORM
- ADVOCATE NOMINATION FORM
- CHECKLIST & DECLARATION FORM

Service Participant Information

Please complete ALL sections of the form below to assist with service bookings and continuity of care.

YOUR DETAILS

Full Name: (First, Middle and Last Name)	
Preferred Name:	
NDIS Number:	
NDIS Plan Attached (Optional):	Yes/No
Primary Disability:	
Secondary Disability:	
Start Date:	End Date:
Sex (Male, Female, Prefer not to say):	
Date of Birth:	
Home Phone:	Mobile:
Address:	
Suburb/Town:	Post Code:
Email Address:	
Which culture do you identify with?	

Other Details



Are you Plan Managed? _____

If yes, please provide the following details for your provider:

Name: _____

Email: _____ Phone: _____

Are you Self Managed? _____

Are you NDIA Managed? _____

Do you receive Support Coordination? _____

If yes, please provide the following details for your provider:

Name: _____

Email: _____ Phone: _____

What are your plan goals? _____

CARER DETAILS	
Full Name: (First, Middle and Last Name)	
Home Phone & Mobile Number:	
Address:	
Suburb/Town/Post Code:	
Email Address:	

Emergency Contact Information

If you have an emergency contact, who is not your carer listed above, please provide their details below. If your emergency contact and your carer are the same person, please skip the Emergency Contact Details section.

EMERGENCY CONTACT

Full Name:
(First, Middle and Last Name)

Primary Phone Number:

Mobile Number:

Email Address:

Support Details

Please tell us about your support requirements. What type of support do you need?



What is your support budget? _____

Medical Details

Please list any medical conditions:

Please tell us which medication/s you are currently taking. Please note that all medication must be in a Webster pack or pre-dispensed prior to service.

Please tell us about any known allergies. Do you have any and what are they?

Please provide your Doctor's contact details:

Doctor Name: _____

Clinic Name and Address: _____

Phone Number/s: _____

Medicare / Health Card Number: _____

Ambulance Cover: _____

Other Details

Please tick any of the following that apply to you:

Public Trustee

Contact Name: _____ **Number:** _____

Email: _____

Information Decision Maker

Contact Name: _____ **Number:** _____

Email: _____

Advocate

Contact Name: _____ **Number:** _____

Email: _____

Referring Agency Person

Contact Name: _____ **Number:** _____

Email: _____

Please provide any additional information we might need to know below.

OFFICE USE ONLY

Agree Rates & Charges:

Entered into MYOB:



Assessment Form

Date of Assessment: _____

Participant Details

Full name: _____ **Date of Birth:** _____

NDIS Number: _____ **Plan End Date:** _____

Guardian / Advocate / Support Person Details

Please tick the following that apply and provide contact details.

Guardian | Name: _____

Number: _____ **Email:** _____

Support Person | Name: _____

Number: _____ **Email:** _____

Advocate | Name: _____

Number: _____ **Email:** _____

Please ensure that an Advocate / Support Person Nomination Form has been completed for each support person / advocate.

A form is not required for a guardian.

Person/s present at the Assessment (name and relationship):

Disclaimer

You are not required to use Magenta Community Services, in-whole or in-part, as your service provider to fulfil the supports outlined in your plan. You are free to explore, negotiate and select any registered service provider of your choosing.

I understand my right to choose my own service provider/s and this has been clearly explained to me by the Support Co-ordinator completing this Assessment.

Goals

Please use the below tables to outline the participant's goals and the services required (attach additional pages if required).

Number One:	
Number Two:	
Number Three:	
Number Four:	
Number Five:	

Service to be Provided	Days/Times	Notes

Support Requirements

Please complete the following table, using the legend as a guide, to determine ability and substantiate with relevant information, where applicable.

Legend
Nil: Independent in task
Minimal: Prompting required
Some: Able to complete the task with minor assistance / supervision
Substantial: Unable to complete task without substantial level of assistance
Total: Full assistance needed to undertake the task

Support Required	Nil	Min	Some	Sub	Total	Relevant Information
Eating / drinking E.g. special food preparation; swallowing; nutrition; special diet; 'forbidden' foods						
Personal hygiene E.g. toileting; grooming; shaving; dressing; menstruation; washing self						
Sleeping routine E.g. normal bedtime; special needs; sleep disorder						
Community living E.g. links with services, agencies etc... in the community; ability to use transport						
Communication E.g. ability to communicate with others (verbal, devices, physical, etc.); communication aids						
Money E.g. able to handle own money; shop with assistance; needs support to manage funds						
Leisure & recreation E.g. hobbies, interests, pastimes, community links						
Medical support E.g. medications; allergies; epilepsy						
Allied health support E.g. physiotherapy; speech pathology; occupational therapy; psychologist etc...						
Personal likes						
Behaviours of concern If so, description of behaviour, frequency, duration, strategies, triggers, purpose of behaviour						

Notes

Assessment/s Required

Please provide information about any assessments required.

	Service Provider	Notes
<input type="checkbox"/>	Behavioural Therapist	
<input type="checkbox"/>	Occupational Therapist	
<input type="checkbox"/>	Psychologist	
<input type="checkbox"/>	Other	



Follow Up/Actions Required

Are any follow ups and/or actions required following the completion of this assessment?

No

Yes. Please provide details, below:

Quarterly Review Date:

COS Allocation Funding:

\$
_____ hours

Assessment Details

This assessment was completed by:

Support Co-ordinator Name: _____

Contact Number: _____

Signature

Date

“ Please complete the following form so Magenta can obtain and share information and collect personal information to fulfill our service obligations. ”

Consent to Share Form

Please read and complete the following form to provide consent to Magenta Community Services when requesting and sharing information from third party providers as part of our service agreement with you / your child.

I, _____ (name), authorise Magenta Community Services to request and share relevant information as necessary to carry out their service agreement with me / my child. I consent to them obtaining and sharing information as appropriate with:

The National Disability Insurance Agency

Occupational Therapist

Contact Name: _____ **Number:** _____

Email: _____

Behavioural Therapist

Contact Name: _____ **Number:** _____

Email: _____

Speech Pathologist

Contact Name: _____ **Number:** _____

Email: _____

Psychologist

Contact Name: _____ **Number:** _____

Email: _____

Other

Contact Name: _____ Number: _____

Email: _____

Contact Name: _____ Number: _____

Email: _____

Contact Name: _____ Number: _____

Email: _____

Contact Name: _____ Number: _____

Email: _____

Contact Name: _____ Number: _____

Email: _____

Contact Name: _____ Number: _____

Email: _____

Privacy Details

Information collected, processed and shared on my behalf will be handled in accordance with the Privacy Act 1988 and the Australian Privacy Principles.

I understand that it is my responsibility to advise Magenta Community Services if any of the above contact details change or if contacts need to be added / removed.

I understand that information about me may be shared without my consent if Magenta Community Services believes it is appropriate to comply with the law or to protect my safety or the safety of others.

Consent Review Details

How long after completing this form would you like to review your consent?

Please tick one of the below.

1 year 2 years 3 years

Declaration

Your privacy is important to us and we want to make sure you understand the ways in which sharing and obtaining your information may be used to carry out the functions and requirements of our service agreement. To confirm you have read and understand this form, please complete the, **Participant Declaration** below. Our staff member will complete the, Staff Member Declaration.

I confirm that I have read and understood this form.

Full name (please print)	Signature	Date
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Staff Member Declaration

I, _____ (staff member) have clearly explained the purposes of this form and the ways in which sharing and obtaining information may be used to carry out the functions and requirements of the service agreement.

Full name (please print)	Signature	Date
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“The following form relates to nominating an advocate / support person. If relevant and required, please complete this form.”

Advocate / Support Person Nomination Form

You are welcome to have a support person of your choice accompany you through any procedures or negotiations with our service (Magenta Community Services). Parents are legal representatives and are accepted as advocacy support people, without the need to complete this form.

This form is to be used when you choose to nominate a support person (friend or significant other), an individual or an organisation to advocate on your behalf or change your nominated support person/advocate.

Who is a support person? A support person assists you in your negotiations with our service. This may include interpreting, providing assistance with communication and/or providing advice about your needs.

Who is an advocate? An advocate speaks on behalf of you to ensure your best interests are represented.

What if you require both a support person and an advocate? You may choose to have both a support person and an advocate.

Advocate / Support Person Nomination Form

When completing this form, please strike out the term (advocate or support person) that does not apply. If both a support person and an advocate are being nominated, please complete a form for each.

I, _____ (name of service user / participant) nominate _____ to act as my support person / advocate, effective from _____ (insert date).

Their contact details are: _____

_____ (phone number/email): _____

Signature of Service User / Participant / Legal Representative

Information for Advocates

Who can be an advocate?

Advocacy is the process of standing alongside an individual who is disadvantaged and speaking out on their behalf in a way that represents the best interests of that person. If you have been asked to be an advocate, this means that someone would like you to act on their behalf. You may be a family member or friend, or a member of an advocacy service. Prospective advocates should be aware that interpreters cannot be used as an advocate, as they have a distinct role to play in interpreting communication between two or more parties.

Advocate Responsibilities:

Being an advocate may mean your attendance or involvement is required if the person needs a representative to communicate or negotiate with us on their behalf regarding access to their personal information; lodging a complaint; or any issue related to our service performance.

Information for Advocates Continued

Advocate Responsibilities:

We ask people accessing our services to complete our, **Advocate/Support Person Nomination Form** when they wish to appoint or change their advocate. They are free to change their nominated advocate at any time; however, a new form is required when this occurs.

Definitions:

Advocate | An advocate is a person who, with explicit authority, represents another person's interests.

Informal Advocate | A friend or family member who is nominated by a service user/participant as their personal advocate.

Systems Advocate | An organisation or professional advocate who can act for a disadvantaged individual or group of individuals in an institutional setting.

Legal Advocate | A nominated advocate whose role has legal status, for example holding an Enduring Power of Attorney.



The Role of an Advocate Explained:

Advocacy may involve speaking, acting or writing on behalf of an individual/group) who has limited ability to exercise their rights. In our service, advocacy is a mechanism to facilitate the rights of a person accessing our services. As their nominated advocate, you may be requested to support them in exercising their rights. For example, the right to:

- Privacy and Confidentiality
- Respect and Dignity
- Quality Services
- Information to inform Decision Making
- Choice and Control
- Resolution of Complaints
- Non-Discrimination
- Protection of Legal and Human Rights and Freedom from Abuse and Neglect

Advocacy differs from mediation and negotiation. While mediation and negotiation processes aim to reach a mutually acceptable outcome between the parties, the role of the advocate is not impartial. An advocate has an obligation to operate entirely from the perspective of the person accessing our services in negotiating an outcome. Advocacy is concerned with genuine, major needs and aims to protect the interests and promote the welfare of the person accessing our services.

The advocacy perspective is specialised and quite distinct from the services provider's perspective. As advocates and advocacy organisations often stand in contradiction to the system in terms of attitudes towards people in need and beliefs regarding how best to serve them, effective advocates strive for independence and minimise conflict of interest. It is therefore inappropriate that interpreters accept an advocacy role, as their interpreting responsibility does not permit the necessary independence required of an advocate. Advocacy may involve a degree of conflict with service providers and other authorities and therefore may be costly in terms of emotional stress and other demands.

Checklist for Advocates:

As an advocate of a person accessing our services, we ask you to be aware of the following and to ensure that:

- The person has given written authority for you to act on their behalf.
- You inform us that you are acting as their advocate.
- You always act in the best interests of the person accessing our services.
- The person is aware of any issues and developments in relation to services they receive and which you, as their advocate, may be involved in.
- The person is kept informed of any developments in relation to the issue/s where you are representing their interests, and that any decisions will be made by them.
- You encourage the person accessing our services to provide feedback to you about the services they are receiving.
- You advise the service about any changes in the person's circumstances and any concerns about their changing needs.
- You are prepared to relinquish the role of advocate should the person accessing our services wish this.
- You avoid representing the person in circumstances where there may be a conflict of interest.
- You do not act as an interpreter for the person accessing our services while acting in an advocacy role.

Thank you for acting as an advocate. If you require any additional information, please contact the Magenta Community Services Team.

“ Lastly, let’s complete the checklist and declaration to ensure we have ticked all of the boxes. ”

CHECKLIST & DECLARATION

Please complete the below checklist, double checking that all documents in the Welcome and Participant Packs have been completed, read, understood and agreed to by all parties. Please sign the declaration at the bottom to acknowledge this.

The following documents inside the Welcome Pack have been clearly explained:

- Advocacy and Decision-Making Information**
- NDIS Code of Conduct**
- Cancellation Policy**
- Service Delivery Expectations**
- Medication Policy**

The following forms have been completed inside the Participant Pack:

- Service Participant Information Form**
- Assessment Form**
- Consent to Share Form**
- Advocate / Support Person Nomination Form (if required)**
- This checklist and declaration**

Declaration

The information in the Welcome Pack has been clearly explained and understood, including details about Magenta's Medication, Service Expectations and Cancellation Policies. An opportunity to ask questions has been provided with sufficient answers given.

Signature of Participant/Authorised Person

Signature of Staff Member

Full name of Participant/Authorised Person

Full name of Staff Member

Full name of Participant (if signed)

Date

Contact Us



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