

Dream Big Disabilities

Please use this form to sign up to dream big disabilities. Please forward your NDIS plan (with Consent) to **info@dreambigdisabilities.com.au** **plus this form.**

Name:

Address

Date of Birth

Phone number:

Email:

NDIS number:

NDIS Plan Date Start and End Date:

Do you want to use our Careview Advantage App

Yes or No

Choice:

Would you like us to give access to Careview to another person or provider. We do need consent and it would help for us to have their name and email

1.

2.

3.

4.

5.

 Do you give a us consent to have a copy of your plan \*

Yes or No

Choice:

What do you want to sign up for?\*

* Fund Plan Management
* Support Co-ordination
* Both
* Specialist Support Co-ordination
* Psychosocial Recovery Coaching

Choice:

 Do you give consent to Dream Big to use video, images and/or multi -media to publish \*

* Yes
* No
* Requested each time

Choice:

Your information (whether medical or personal) is private and confidential. We require your consent to collect, use and disclose your personal health information.

* Yes
* No
* Requested each time

Choice

Under the NDIS scheme Dream Big does undergo auditing. Would you like to share your view on how we are performing or simply opt out. \*

* Yes
* Opt out

Choice:

Name

Signature (just type your name): Date: