This form is used by a participant (or nominee) in planning support, based on the participant’s NDIS Plan.

This form is to be reviewed annually.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NDIS No: |   | D.O.B: |   | NDIS Plan Start Date:  |   | Finish Date:  |   |

|  |  |  |
| --- | --- | --- |
| **Participant Name** | Kyeema Staff Member Name | Date |
|  |  |  |

The participant/nominee is to be included in all planning and reviews.

How was this information gathered: i.e. NDIS Plan, Participant, Nominee or other?

**ABOUT ME:**

I live at… (where and with whom)

I communicate …

I move around (mobility)…

I like …

I don’t like …

Any other information …

List of health plans

**Other Services** e.g. health practitioners, community services, schools

**Family and significant others**

| **Goal from NDIS Plan** | **Breakdown of goals** | **Actions for meeting goals**Note updates in this column | **Person/s Responsible** | **Date Started** | **Completed** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**Risk assessment** – review CCF-43 Participant Risk Identification form and CCF-19 Home Risk Assessment (if relevant). Note any changes eg. change of residence.

These support goals have been agreed to by the participant or nominee, and a copy has been received.

|  |  |  |  |
| --- | --- | --- | --- |
| Participant/Nominee Signature: |   | Date: |   |