



New Participant Form

Participant Details

Name: _____ D.O.B: _____ Gender: _____

Preferred Name: _____

Parent/Guardian Name/s: _____

Home Phone: _____ Mobile: _____

Email: _____

Residential Address: _____

Postal Address: _____

Preferred Method of Contact: Phone or Email

Participants Under 18; are there any court orders? Yes Current copy attached _____

Emergency Contact: _____ Phone: _____

Relationship to Participant: _____

Names of Nominated Persons Who Have Your Permission To Collect Your Child:

NDIS Plan Manager Details for Billing if Applicable: Name: _____

Phone: _____ Email: _____

Diagnosis and or Medical Condition

Formal Diagnosis: _____

Medical Condition: _____

Behavioural Concerns: _____

Interpreter Required: Yes – Details: _____

Physical Assistance Required: Yes – Details: _____

Allergies and or Dietary Requirements: _____

Other Considerations: _____

Let's Get To Know You

Participants Likes: _____

Participants Dislikes: _____



Sensory Sensitivities: _____

Signs of Sensory Overload: _____

Coping Strategies: _____

Goals for attending Spectrum Styles: _____

Please tell us anything else you would like us to know: _____

Cancellation Policy

Spectrum Styles are dedicated to our employees, services and most importantly our participants. Our rosters are prepared at least 2 weeks in advance out of consideration for our employees, as such we require at least 2 business days' notice for cancellation of any session or charges may still apply.

Please Initial Each State that Applies, Then Sign:

____ To the best of my knowledge the information provided in this form is true and correct.

____ I understand abiding by the Code of Conduct is a condition of entry.

____ I give permission for my child/ren to be administered First Aid should it be needed.

____ I give permission for Queensland Ambulance to be called should my child/ren need further medical assistance.

____ I understand that my contact information provided above will be used for communication by Spectrum Styles and I agree for updates to be emailed to me.

____ It is a condition of entry that participants are collected by a nominated adult or emergency contact at conclusion of their session.

The information contained in this document is confidential, privileged and only for the information of Spectrum Styles and may not be used, published or redistributed without prior written consent of the parent/guardian, unless legally required to do so.

Spectrum Styles is committed to protecting your privacy. Contact information provided will only be used to communicate directly with you.

Parent / Guardian Signature: _____ Date: _____