



## Welcome!

We ask for the info below so you can get the most out of your involvement with us.

Please contact Wild at Heart on 9326 9970 or [info@wildatheart.org.au](mailto:info@wildatheart.org.au) if you have any questions or access needs in filling out this form.

Name: .....

Address: .....

..... Postcode:.....

Email: .....

Phone: Home ..... Mobile.....

Date of birth: ..... Are you your own legal guardian: Yes / No

### National Disability Insurance Scheme (NDIS)

Do you have an approved NDIS plan? Yes / No (please circle. If no, see \* below)

What is your NDIS number?.....

Plan start date:..... Plan end date: .....

Who financially manages your plan? Plan Manager / Self / NDIA (please circle)

Who is your Plan Manager? .....

What is the email address for sending invoices? .....

Who is your Support Coordinator?

| Name  | Organisation |
|-------|--------------|
| Phone | Email        |

Are you happy for us to speak directly with your Support Coordinator? Yes / No

\* Are you applying for NDIS? If so, what stage are you up to? .....

.....

**About you**

What music and arts making have you done previously? .....

Do you identify as having a disability? If so, what is the nature of this? .....

What type and level of support might you need to participate in Wild At Heart's programs? .....

Do you require one-on-one support for feeding and personal care?..... Yes / No

Are you able to provide your own support worker?..... Yes / No

Do you have communication, health, medical, food allergies/intolerances or other conditions we should know about to make your participation safe and enjoyable?

Communication: .....

Health and Medical:.....

Allergies/Intolerances:.....

Other:.....

**GOALS AND LEARNING**

What do you currently do to create, play and learn music?

.....  
.....  
.....

What are your goals with your music and creativity? .....

- 1. ....
- 2. ....
- 3. ....
- 4. ....

More details: .....

.....  
.....

What would you like to learn with your music and creativity? .....

.....  
.....  
.....  
.....

**GUARDIAN / EMERGENCY CONTACT DETAILS**

**PRIMARY CONTACT**

Name .....

Relationship to participant .....

Phone Mobile ..... Landline.....

Email .....

Address .....

.....Postcode .....

**ALTERNATE CONTACT**

Name .....

Relationship to participant .....

Phone Mobile..... Landline.....

Email .....

Address .....

.....Postcode .....

Please call Wild at Heart on 9326 9970 if you have any questions or access requirements for filling out this form.

Please email or post this form to the address below.

## CONSENT FORM

I, (participant name).....

of (address).....

consent to Wild At Heart Community Arts using my image and sound for the development of my arts based work, for promotional purposes and for seeking further support and funding for Wild At Heart and related activities in perpetuity and without compensation or prior approval in all media throughout the world.

Signature:..... Date:.....

### Legal Guardian

As legal guardian for (participant name).....

I consent to Wild At Heart Community Arts using the image and sound of the person named above for promotional purposes and for seeking further support and funding for Wild At Heart and related activities in perpetuity and without compensation or prior approval in all media throughout the world.

Name:.....

Signature:..... Date:.....

Relationship to participant:.....

### Consent for marketing and promotion

I consent to Wild At Heart contacting me to promote activities, events and news