

NDIS Participant Details

Title	First Name	Surname (required)
NDIS Number (required)	Date of Birth	

Support Coordinator (optional/if applicable)

Full Name	Organisation (if applicable)
Email/Phone	☐ I consent for Alpha to discuss the details of my plan with this person
	☐ I consent for Alpha to provide this person with a login to my Alpha Dashboard

Secondary Nominated Representative Details (e.g. parent or guardian)

Title	First Name	Surname
Email	Phone Number	
Relationship To Participant	Organisation (if applicable)	

Current Providers (e.g. Social Workers, Occupational Therapist)

I understand that for the purpose of receiving appropriate and timely services from Alpha Plan Management, I consent to its representatives obtaining and releasing information about myself, between your services and with the organisations and individuals listed below:

Organisation	Service
Email/Phone	☐ I consent for Alpha to discuss relevant details of my plan with this provider
Organisation	Service
Email/Phone	☐ I consent for Alpha to discuss relevant details of my plan with this provider

In addition, I agree to the following:

- To advise Alpha Plan Management of changes or additions to the contract details listed above.
- Alpha Plan Management may obtain or release information with other organisations or individuals as specified above.
- Alpha Plan Management may provide information necessary for Quality and Audit requirements to Government funding bodies and their agents or contractors.

I understand that I can look at information held about me and check for its accuracy. I also expect Alpha Plan Management to manage my information confidentially and to ensure that its storage is secure.

I acknowledge that I have been made aware that Alpha Plan Management is a part of the Torrens Health Group. The Torrens Health Group may have an interest in a support option available to the Participant.

This consent is for the purpose explained to me by Alpha Plan Management staff and is valid (ongoing) from the date it is signed. I understand that I may revoke this consent at any time in writing. I have been informed and understand how this information will be used and that this information will not be passed onto other third parties.

Approval by Participant/Plan Nominee

I understand that this form must be completed by the NDIS Plan Nominee. The Plan Nominee may be either yourself (the Participant) or an individual who is legally appointed to act on your behalf regarding your NDIS plan (for example a parent, guardian or carer). Please note the Primary Decision Maker cannot be the Participant's Support Coordinator or Provider of Supports unless so authorised by the NDIA or a government agency (e.g. Public Trustee).

I am the: ☐ Participant ☐ Plan Nominee

Title

First Name

Surname

Approval

Date

☐

I consent for Alpha Plan Management to share relevant information with the listed providers.

Signature:

Signature of Authorised Alpha Plan Management Staff

Jo McLaren