**Initial Assessment and Support Plan**

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| 1. **Participant Details:**
 |
| **Name:** |  |
| **NDIS number:** |  |
| **Plan Dates:** |  |
| **DOB:** |  | **Gender:** |  |
| **Address:** |  | **State:** |  |
| **Email Address:** |  | **Phone:** |  |
| **Preferred Contact Person:** |  |
| 1. **Preferred contact may include plan nominee/family member or other:**
 |
| **Name:** |  |
| **Relationship to participant:** |  |
| **Address:** |  |
| **Contact phone number:** |  |
| **Email Address:** |  |
| **Special Considerations:** |  |

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| 1. **Provider Representative Details:**
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| **Service provider name:** |  |
| **Contact name:** |  |
|  |  |
| **Qualification:** |  |
| **Address:** |  | **State:** |  |
| **Email Address:** |  | **Phone:** |  |
| Do you have any Preference for the Support workers’ gender? [ ] Male [ ] Female |

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| 1. **Alerts and Allergies**

**Please provide precise/ detailed information:** |
| **Allergies or Allergic to** | **Warning Signs & Symptoms** | **Immediate Action Required** |
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| 1. **Participant’s Goals for this Assessment**
 |
| **Goal 1.****Goal 2.****Goal 3.** |
| 1. **Background and History**
 |
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| 1. **Current Situation**
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| 1. **Strengths**
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| 1. **Challenges/Risks**
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| 1. **Things I like that make me happy**
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| 1. **Things I don’t like and make me sad; frustrated; angry; upset**
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| 1. **Risk assessment for participant**
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| **No.** | **Tasks or Activity** | **Issue/Hazard/Aspect** | **Risk/Impact** | **Consequence** | **Likelihood** | **RISK SCORE** | **Control Measures** | **Person Responsible** | **Residual Risks** |
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| **Consequence** | **Likelihood** | **RISK SCORE** |
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| 1. **Daily Activities**
 |
| **Day** | **Activity** | **Start** | **Finish** | **Details** |
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| **Participant’s or Participant’s Representative’s Signature** |  | **Date** |  |
| **Author’s Signature** |  | **Date** |  |
| **Next revision date** |  |