



RAZ CARE
- Disability - Home Care -

ABN: 68647919168
PH: 0470 711 431
info@razcare.com.au
www.razcare.com.au

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Initial Assessment and Support Plan

1. Participant Details:			
Name:			
NDIS number:			
Plan Dates:			
DOB:		Gender:	
Address:		State:	
Email Address:		Phone:	
Preferred Contact Person:			
2. 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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3. Provider Representative Details:

Service provider name:			
Contact name:			
Qualification:			
Address:		State:	
Email Address:		Phone:	
Do you have any Preference for the Support workers' gender? <input type="checkbox"/> Male <input type="checkbox"/> Female			

4. Alerts and Allergies

Please provide precise/ detailed information:

Allergies or Allergic to	Warning Signs & Symptoms	Immediate Action Required



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5. Participant's Goals for this Assessment

Goal 1.

Goal 2.

Goal 3.

6. Background and History

7. Current Situation



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8. Strengths

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9. Challenges/Risks

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10. Things I like that make me happy

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11. Things I don't like and make me sad; frustrated; angry; upset

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12. Risk assessment for participant

Type of Risk	Range	Mitigation Action
Low	2-4	Risks that are below the risk acceptance threshold and can be managed by routine procedures.
Medium	5-6	Risks that lie on the risk acceptance threshold, require action by due date and active monitoring.
High	7-10	Risks that exceed the risk acceptance threshold and need proactive, urgent and immediate action to reduce their risk level.

Severity Occurrence	Low Significance		Minor		Moderate		Severe		Major		
	1	2	3	4	5	6	7	8	9	10	
Almost certain	5	Medium	6	High	7	High	8	High	9	High	10
Likely	4	Medium	5	Medium	6	High	7	High	8	High	9
Possible	3	Low	4	Medium	5	Medium	6	High	7	High	8
Unlikely	2	Low	3	Low	4	Medium	5	Medium	6	High	7
Rare	1	Low	2	Low	3	Low	4	Medium	5	Medium	6

LIKELIHOOD GUIDE	Almost Certain	
	Almost Certain, likely to occur often, >1/week, >25%	5
	Likely Likely, known to Occur, 1/week – 1/month, 10% - 25%	4
	Possible could occur, 1/month – 1/year, 1% - 10%	3
	Unlikely Unlikely – not likely to occur, 1/year – 1/10 years, 0.1% - 1%	2
Rare Rare – practically im3, <1/10 years, <0.1%	1	



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No.	Tasks or Activity	Issue/Hazard/Aspect	Risk/Impact	Consequence	Likelihood	RISK SCORE	Control Measures	Person Responsible	Residual Risks		
									Consequence	Likelihood	RISK SCORE



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13. 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			