Iconic care PTY LTD
02 4604 8282 | 0474 801 695
www.iconiccaregroup.com.au
Info@iconiccaregroup.com.au

Participant Information & Consent Form

Participant details							
Title	Given Name		Family Name				
Date of Birth		Gender: ☐ Male	☐ Female	☐ Other			
Home Address		Suburb		Postcode			
Email Address			Phone #				
Medicare Number			Medicare Ref #				
Name on Medicare			Expiry Date				
Health Card Number			Expiry Date				
GP Name / Address			Contact				
Preferred Language *Written info can be provided different languages via translating and interpreting services (TIS) https://www.tisnational.gov.au/*		Interpreter Required? ☐ Yes ☐ No ☐ Unsure					
Cultural Background	Aboriginal ☐	Torres Strait Islander ☐	Torres Strait Islander and Aboriginal ☐	Other *(Please Specify below)*			
Does the participant (or their guardian, if applicable) have any preferences regarding their connection to their Aboriginal and Torres Strait Islander culture and community?							
Does the participant (or their guardian, if applicable) have any preferences regarding their cultural, spiritual and/or language connection?							
Does the participant (or heir guardian, if applicable) have any preferences regarding their links to family, friendships, and other support networks?							

Funding Information	NDA Managed ☐	Plan Managed ☐	Private / Self Managed ☐	GP Plan ☐
	Participant NDIS Number			
	NDIS Plan Start Date		NDIS Plan End Date	
Self / Plan managed details	Plan Manger			
	Plan Manager Email			
	Plan Manager Contact Number			

Iconic care PTY LTD
02 4604 8282 | 0474 801 695
www.iconiccaregroup.com.au
Info@iconiccaregroup.com.au

Participant Information & Consent Form

Emergency Contact Details					
Full Name		Relation			
Email Address		Phone Number			
Home Address		Suburb		Postcode	

Decision Making Assistance *(If applicable)*		Name	Phone #
Do you have one or more of the following assisting you with decision making?	☐ Parent (If participant is under 18)		
	☐ Key Worker (participant is receiving ECEI)		
	☐ Family Member		
	☐ Legal Guardian		
	☐ Nominee		
	☐ Advocate or Independent Advocate		
	☐ Court Appointed Decision Maker		
	☐ Participant Appointed Decision Maker		

Privacy Information/Consent (Please read carefully before you sign)

- I understand that Iconic Care Pty Ltd complies with the Privacy Act (2001) and as part of their Privacy Policy, they are committed to protecting the privacy of individuals and their personal information provided via this form or any other way. The purpose of collecting my personal information is to provide quality medical and health related services and account-related keeping.
- I understand I have the right to request access to my information except where access would be denied, and that Iconic Care Pty Ltd makes every effort to manage my information in accordance with the National Privacy Principles and keep my records up-to-date and accurate.
- I understand that I may withdraw my consent (except when legal obligation must be met)
- My Signature below indicates that I have read and given consent to Iconic Care to:

1. collect, use, store and disposal my personal information, and
2. to the release of relevant personal information or images to other related health professionals (e.g., specialists, etc), and
3. photographs taken during the session (if any) and use them for education purposes for staff training
4. receive correspondence via email and SMS is un-encrypted
5. To receive correspondence/services-related updates from Iconic Care Pty and its associate companies

Name			
Signature		Date	

Please hand over this filled form to staff or email at info@icoiccaregroup.com.au

Iconic care PTY LTD
02 4604 8282 | 0474 801 695
www.iconiccaregroup.com.au
Info@iconiccaregroup.com.au

Participant Information & Consent Form