



Registered NDIS Provider

Expression of Interest Form

ANGEL HOUSE AUSTRALIA PROGRAMS, SUPPORTS & SERVICES

I, _____ (name in full), _____ (address),
_____ (NDIS number), _____ (date of birth), hereby wish to issue my
expression of interest in the following programs, supports and services presented by Angel House
Australia, 875 Old Northern Road, NSW 2158.

- | | | |
|--|------------|-------|
| <input type="checkbox"/> EAP Program & Horsemanship Training | Start date | _____ |
| <input type="checkbox"/> BIS Program (Behaviour Intervention Supports) | Start date | _____ |
| <input type="checkbox"/> Specialist Behaviour Supports & Services | Start date | _____ |
| <input type="checkbox"/> WE & Tafe Support Program (Work Experience) | Start date | _____ |
| <input type="checkbox"/> Holiday Programs | Start date | _____ |
| <input type="checkbox"/> Social & Community Participation Supports | Start date | _____ |
| <input type="checkbox"/> STA/Respite | Start date | _____ |
| <input type="checkbox"/> Weekend retreats | Start date | _____ |
| <input type="checkbox"/> Intensive programs (2-3 days) | Start date | _____ |

Plan Managed Plan Manager _____

Contact person/number _____ E-mail _____

Self-managed or a combination of self-managed and agency management

Agency managed

Support Coordinator _____ Phone nr: _____

E-mail address _____

Signature: NDIS Participant/Representative

Name in print

Date

875 Old Northern Road, Dural NSW 2158

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