



Participant Details Form

Participant Details

Name:	Date of Birth:
Gender:	Stage of Development:
NDIS nr:	How is your funding managed? <input type="checkbox"/> Plan <input type="checkbox"/> Self <input type="checkbox"/> Agency
Home Phone:	Mobile Phone:
Work Phone:	Email Address:
Cultural Background:	Country of Birth:
Preferred Language:	Interpreter Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	
NDIS plan dates: _____ to _____	
Support coordinator (if applicable):	
Contact e-mail:	
Plan manager (if applicable)	
Contact e-mail:	
FOR EQUINE PROGRAM PURPOSES	
Height:	Weight:
Shoe size:	T-shirt size: S/M/L/XL

- **Wear tights for riding**
- **Wear riding boots**
- **Wear a riding helmet for safety**

Parent/Guardian Details (if applicable)

Name:	Relation:
Home Phone:	Mobile Phone:
Work Phone:	Email Address:
Address:	



Risk Factors / Alert Issues

Medical History

Presenting Issues / Problems / Behaviours of Concern

Other Relevant Current and Historical Information

Presenting Disabilities

Participant / Guardian Declaration

I consent to Angel House Australia using my information for referral, service delivery, and inclusion in de-identified data reporting.

Full Name

Date

Signature of Participant/Parent/Guardian