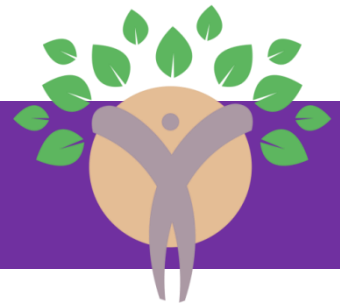


Participant Profile



Please fill out every section of this form

Full Name:

Date of Birth

____/____/____

Gender:

Address:

Email:

Phone:

Mobile:

INSERT
PHOTO

**Photo to be taken at initial meeting / FTTF*

Likes and Dislikes

-
-
-
-
-
-

NDIS Plan

Do you have a current NDIS Plan?

YES

NO

If yes, please attach.

Swimming

| What is your swimming ability? | | | |
|--|------|------|-----------|
| Non-swimmer | Fair | Good | Excellent |
| Can you swim 50 metres? (<i>please circle</i>) | | YES | NO |

Behaviour Support

| Do you have a current Behaviour Support Plan? | YES | NO |
|---|-----|----|
| If yes, please attach. | | |

Is there anything you feel we should be aware of to help support you/your child?

DATE: ____/____/____