

Please forward completed form to: info@plan-netsa.com.au or PO Box 57, Stirling SA 5152

Participant Details:

First Name: _____ Middle Name: _____ Surname: _____

Preferred Name (if different from above): _____ Date of Birth: _____

Gender: Male Female Other

Address: _____

Phone: _____ (Home) _____ (Mobile)

Email: _____

Do you identify as Aboriginal and/or Torres Strait Islander? _____

Other Contacts:

Nominee's Name (if applicable): _____

This is the person we will liaise with regarding your plan.

Nominee's Address: _____

Phone: _____ (Home) _____ (Mobile)

Email: _____

Emergency Contact, if different from nominee:

Name: _____

Address: _____

Phone: _____ (Home) _____ (Mobile)

Support Coordinator (if applicable) : _____

Plan Details:

NDIS Number: _____

Date of Plan: From _____ to _____

Copy of plan attached: Yes To come

Were you previously plan managed/agency managed or self-managed? _____

If plan managed, who was your plan manager? _____

How did you hear about PlanNET? _____

Other:

Would you like access to our mobile app? Yes No

Supports that PlanNET offer	Would you like PlanNET to provide you with this service?	Cost of this service
Plan Management	Yes	Setup Fee \$232.35 Monthly processing \$104.45

Name of person completing this form : _____

Signature: _____ Date: _____