

## Registration of interest for services related to your disability

This form advises Disability ACT that you are seeking services related to your disability. You will also need to provide Disability ACT some limited information about your current circumstances. For more information about this form and how Disability ACT will use the information you provide, please refer to the Registration of Interest Policy available at [www.dhcs.act.gov.au/disabilityact/policies](http://www.dhcs.act.gov.au/disabilityact/policies)

Disability ACT Information service 6207 1086 can provide you with further information on the Registration of Interest process in addition to support to fill in this form.

Once completed a copy of the signed form can be mailed to:

Disability ACT information Service  
Registration of Interest  
GPO Box 158 Canberra City 2601

Or contact our  
Disability ACT Information Officer at  
[DisabilityACT@act.gov.au](mailto:DisabilityACT@act.gov.au)

### 1: Your Details

(The details of the person who has a disability)

Title (Mr, Mrs, Ms,)	
First Name	
Middle (and other) names	
Surname	

### 2: Personal information

Date Of birth		Age:	
Gender	Male / Female		
Primary language/s spoken at home			
Do you require an interpreter?	Yes/no		
Do you identify as a Aboriginal or Torres Strait Islander?	Yes/no	If yes	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both



# Registration of Interest

disability | ACT



<b>Do you use technology to assist in your communication</b>	Yes/no
--	--------

### 3: Your Contact details

<b>Residential Address</b>			
<b>Postal address</b>			
<b>Email address</b>			
<b>Phone Numbers</b>	Home:	Work:	Mobile:
<b>Preferred method of contact (please specify)</b>			

### 4: Guardianship details (if relevant, otherwise leave blank)

(For more information regarding guardianship please contact the Office of the Public Advocate 6207 0707 or [www.publicadvocate.act.gov.au/](http://www.publicadvocate.act.gov.au/))

<b>Name &amp; title of legal guardian</b>			
<b>Review date of Guardianship order</b>			
<b>Postal address</b>			
<b>Email address</b>			
<b>Phone Numbers</b>	Home:	Work:	Mobile:



**5: Preferred Contact person**

*(A person you would like DACT to contact in relation to your support needs. If not relevant leave blank)*

<b>Name</b>			
<b>Relationship to applicant</b>			
<b>Residential Address</b>			
<b>Postal address</b>			
<b>Email address</b>			
<b>Phone Numbers</b>	Home:	Work:	Mobile:

**6: What support services are you seeking?**

*(You may select more than one option)*

- Assistance to make life plans for now or in the future and then support to implement the plan
- Support in the home to take care of the day to day things.
- Assistance to find and participate in meaningful employment, recreation, or social activities; and
- Respite
- Other

**Comments**



**7: When would you prefer those services to start?**

- Within the next six months
- Within a year
- In the longer term

**Comments**

*(What do you think might happen if you don't receive these services?)*

**8: Why are you seeking these services?**

**Comments**

*(What do you hope to achieve by getting these services?)*

**9: Eligibility information**

I am an Australian citizen Permanent Resident	Yes/no
I permanently reside within the Australian Capital Territory.	Yes/no



# Registration of Interest

disability | ACT



## 10: Information about your disability

*(Please identify your primary disability and, if relevant other disabilities that also affect you)*

Disability	Primary (tick one only)	Others
Intellectual		
Specific learning/ADD – other than an intellectual disability		
Autism, including Asperger’s Syndrome		
Physical		
Acquired Brain Injury		
Neurological – including Epilepsy and Alzheimer’s Disease		
Deaf/blind-dual sensory		
Vision		
Hearing		
Speech		
Psychiatric		
Developmental Delay (only valid for a child aged 0 – 5 years)		

## 11: Information about current services

*(Detail services that you have used in the last 12 months)*

Service	Agency/ies
Accommodation Support	Yes/ no
Advocacy/information referral	Yes/ no
Case Management/ Coordination	Yes/ no
Domestic Support	Yes/ no
Community Access services	Yes/ no
Community Transport	Yes/ no
Gardening	Yes/ no
Community Nursing	Yes/ no
In home personal care	Yes/ no
Recreation services	Yes/ no
Respite	Yes/ no
Therapy	Yes/ no
Transitional Services	Yes/ no
Disability ACT	Yes/ no
Employment (open, targeted or Supported)	Yes/ no
Community Support (early childhood intervention, counselling, behaviour specialist intervention)	Yes/ no



# Registration of Interest

disability | ACT



## 12: Funding

Are you currently in receipt of an Individual Support Package from Disability ACT?	Yes	No
Agency holding funds		
Do you receive a disability support package funding from another state or Territory Government	Yes	No
State/ Territory holding funds		

## 13: compensation

Have you received compensation as a result of acquiring a disability?	Yes	No
Do you intend to claim or do you have a current claim for compensation as a result of acquiring a disability?	Yes	No



# disability | ACT Registration of Interest

## Agreement and Consent

Please read, sign and date the agreement and consent below.

*Registering your interest does not guarantee you will get the support you are seeking, but it does mean the ACT Government is aware of your general need and circumstances.*

I/We agree that the information supplied in this application is true and correct.

I/We give consent for Disability ACT to retain this information on paper and computer files for a period of 12 months from the date of my signature on this form.

I/We give consent for Disability ACT to use the information in this application to:

- Plan for future disability services in the ACT
- Provide general advice to the ACT Government about people seeking disability services in the ACT.
- Provide advice to other agencies, departments or service providers, including in relation to any future negotiation of supports for me.

Your signature

Guardian signature (if applicable)

Name	
Signature	
Date	

Name	
Signature	
Date	

Thank you for taking the time to fill in this form.

The Department of Disability, Housing and Community Services aims to ensure that the personal privacy of individuals is protected, and that access to records is provided in compliance with relevant legislation. For further information, please refer to the Registration of Interest policy [www.dhcs.act.gov.au/disabilityact/policies](http://www.dhcs.act.gov.au/disabilityact/policies) or the *Privacy Act 1988, Health Records (Privacy and Access) Act 1997*.

### For Office use Only

Date Receive \_\_\_\_\_ Date Entered on Data Base \_\_\_\_\_ Review Date \_\_\_\_\_

