

## Getting Plan Ready

This form will help you prepare a participant statement for your NDIS plan. The answers you give us will go into your plan and this may be seen by your service providers and others who support you.

If you need help completing this form you can bring it to your next appointment and we will help you complete it.

<b>Name</b>	
<b>NDIS Number</b>	

If you are completing this form on behalf of someone else, please give us your details below:

<b>Name of person who helped fill in this form</b>	
<b>Relationship to the participant</b>	
<b>Level of assistance provided</b>	<input type="checkbox"/> <b>complete assistance</b> <input type="checkbox"/> <b>some assistance</b>

### Participant statement

#### Where I live and the people I live with

Tell us about your current living arrangements.

#### People in my life who support me

Tell us about the important people in your life and how they support you. This might include family and friends, your doctor, your teacher, your carer or others.

## My activities

Tell us about the social, community, work or volunteer activities you are doing now in the calendar or comments box. This will go into the daily life part of your plan and will help when planning for your supports.

Time of day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b> 1am – 12pm (NOON)							
<b>Afternoon</b> 12pm (NOON) – 6pm							
<b>Night</b> 6pm – 12am (MIDNIGHT)							

Comments about my daily activities	Sometimes I...

## My goals

What are the things that are most important to you? What are the things you would most like to change? What would you like to do with less help from others? Are there new things you would like to try?

This list will help you to think about goals you may have in different areas of your life:

- daily life
- where I live
- relationships
- health and wellbeing
- learning
- work
- social and community activities
- choice and control over my life.

Your goal/s will be listed in your NDIA plan and will help the NDIA know what is important to you. Please list your goal/s in the boxes below.

	Your goals	Family members, friends, services or others who are helping me with this goal
Goal 1		
Goal 2		
Goal 3		
Goal 4		
Goal 5		

# Notes