



STEP 2

PLAN MANAGEMENT

Participant Registration

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|---------------------------------|-------------------------|--------------------------------|--|
| Date of Birth: | NDIS Number: | | |
| First Name: | Middle Name (Optional): | Last Name: | |
| Address: | | | |
| City: | State: | Post Code: | |
| Email Address: | | Contact Number: | |
| Authorised Representative Name: | | | |
| Representative Email Address: | | Representative Contact Number: | |

Do you require Step 2 Plan Management Pty Ltd to obtain your approval prior to paying invoices:

Yes, this requires my approval

No, invoices can be paid directly

If Yes, please confirm email address that you would like invoices to be forwarded to:

Please note that participants will be required to acknowledge and sign a service agreement and privacy consent form provided by Step 2 Plan Management Pty Ltd.

SUPPORT COORDINATOR / LOCAL AREA CONTACT (LAC) CONTACT

| | |
|------------------------|--|
| Name: | |
| Organisation | |
| Phone | |
| Email Address | |
| Additional Information | |

Please provide consent to the below list of providers that you intend to access under the NDIS Plan:

| Service Provider/Organisation Name | Type of Service Provided |
|------------------------------------|--------------------------|
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CHOICE AND CONTROL

As part of this registration, the participant has been made aware of following Plan Management agencies

that may be able to offer similar services:

| Service Provider/Organisation Name | Location |
|------------------------------------|----------|
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AGREEMENT SIGNATURES

The following parties agree to the terms and conditions of this Registration Form:

| | |
|--|---|
| Name of Participant/Representative: | Name of Authorised person from Provider: |
| Signature of Participant/Representative: | Signature of Authorised person from Provider: |
| Date: | Date: |