

Event Service Booking Agreement

Use this form to register for a Social & Community Participation Event. If you are wanting to register for ongoing service, please complete the New Participant Form instead.

Participant Details

Participant's Full Name:			
Participant's Nickname/ Preferred Name:			
Participant's Date Of Birth:			
Participant's Pronouns			
☐ She/ Her ☐ He/ Him ☐ They/ Them ☐ Other:			
Participant's Phone Number:			
Participant's email OR Participant's Parent/ Carer/ Guardian Email:			
Participant's Parent/ Carer/ Guardian Full Name (if applicable): ———————————————————————————————————			
Emergency Contact (write AS ABOVE if same person):			
Emergency Contact Phone: Which event are you booking for?:			
Date of event you are booking for:			
How are your NDIS Funds managed?:			
 Self Managed Plan Managed Agency Managed I'm not sure can you call me please If Plan Managed please provide your Plan Manager's email for invoicing:			
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Participant Support Needs		
To ensure you/ the participant is safe, comfortable, and supported during the event, please provide details of any relevant needs:		
 Triggers / Risks / Health Concerns (Please list anything that may cause distress, behaviours of concern, or health issues we should be aware of, e.g. loud noises, allergies, absconding): 		
 Early Warning Signs (How can we recognise if the participant is becoming distressed, unwell, or overwhelmed?): 		
3. Best Support Strategies (What helps the participant feel safe, calm, and supported if triggers or risks occur?):		
Please let us know your goals you would like to achieve and what you are looking forward to at this event:		



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During this event, staff may take photos or videos of participants for the purposes of: 1. Sharing memories with participants and their families. 2. Promoting activities run by Your Connects (e.g., on social media, website, newsletters). 3. Record-keeping and reporting for NDIS compliance. Please select:

	\Box YES, I give permission for photos/videos of the participant to be taken and used for the above purposes.
	\Box YES, BUT ONLY for personal sharing with the participant and their family (not for public promotion).
	\square NO, I do not give permission for photos/videos of the participant to be taken or used.
Signatu	re:
Name o	of person signing:
Date:	

By signing this form, you agree to the above services and costs being billed to your NDIS plan (or directly to you for non-NDIS costs). Cancellations with less than 2 business days' notice may be charged in line with NDIS Price Guide rules.