Intake & Registration Form

Doeboe Care Pty Ltd — participant intake and registration (2026).

Welcome to Doeboe Care

Thank you for choosing Doeboe Care Pty Ltd. This form helps us get to know you, understand your needs and goals, and set up the right supports for you. Please complete as much of the form as you can. If you would like help to complete it, a member of our team is happy to sit with you and fill it in together.

You do not have to answer every question. Some questions ask about health, culture or identity — you can share as much or as little as you wish. The information you give us is kept private and is handled in line with our Privacy Policy and the Privacy Act 1988 (Cth).

Provider details: Doeboe Care Pty Ltd · ABN 71 647 122 423 · NDIS Registration ID 4-G3YCA9H · 8 Tetbury Avenue, Weir Views VIC 3338 · Phone 0469 059 068 · Email info@doeboecare.com.au

How to complete this form

- Please print clearly in dark pen.
- Where a box has a line, write your answer on the line.
- Where you see tick boxes, tick all that apply.
- If a question does not apply to you, write "N/A".
- Return the completed form to our office in person, by post, or by email to info@doeboecare.com.au.

Section 1 — Personal details

Field	Your answer
Family name (surname):	
Given name(s):	
Preferred name / what you like to be called:	
Date of birth:	
Gender:	
Pronouns (e.g. she/her, he/him, they/them):	
Residential address:	
Suburb:	
State:	
Postcode:	
Postal address (if different):	
Home phone:	
Mobile phone:	
Email address:	

Best way to contact you (phone / text / email / other):	
Best time to contact you:	

Section 2 — NDIS details

Field	Your answer
NDIS participant number:	
Plan start date:	
Plan end date / review date:	
Plan management type (tick one below):	

Plan management	Tick
Self-managed	
Plan-managed (through a plan manager)	
NDIA-managed (Agency-managed)	
A combination of the above	

Field	Your answer
Plan manager name (if plan-managed):	
Plan manager phone:	
Plan manager email:	
Support coordinator name (if you have one):	
Support coordinator phone:	
Support coordinator email:	
NDIA contact / planner name (if known):	
NDIA contact phone:	

The National Disability Insurance Agency (NDIA) can be reached on 1800 800 110 or at www.ndis.gov.au.

Section 3 — Emergency contacts

Please give us two people we can contact in an emergency.

Emergency contact 1

Field	Your answer
Full name:	
Relationship to you:	
Mobile phone:	

Other phone:	
Email:	
Address:	

Emergency contact 2

Field	Your answer
Full name:	
Relationship to you:	
Mobile phone:	
Other phone:	
Email:	
Address:	

Section 4 — Nominee, guardian or advocate

Complete this section if someone is formally authorised to make decisions with or for you, or if you have an advocate who supports you. If this does not apply, write "N/A".

Field	Your answer
Type (tick): Plan nominee / Correspondence nominee / Guardian / Power of attorney / Advocate / Other	
Full name:	
Relationship to you:	
Organisation (if an advocate):	
Phone:	
Email:	
Address:	
Scope of their authority (what they can decide or help with):	

You have the right to use an independent advocate at any time. If you would like an advocate, Doeboe Care can help connect you with a disability advocacy service in Victoria.

Section 5 — Your disability

Field	Your answer
Primary disability:	
Secondary conditions (if any):	
Year first diagnosed (if known):	

How your disability affects your daily life:	

Section 6 — Health and medical

This information helps us keep you safe and support you well. Please tell us as much as you are comfortable sharing.

Field	Your answer
General practitioner (GP) name:	
GP clinic / practice:	
GP phone:	
Other treating health professionals (specialist, allied health, mental health):	
Preferred hospital:	
Medicare number:	
Private health fund (if any):	

Medications

Do you take any regular medications? Tick one:

Response	Tick
No regular medications	
Yes (please list below)	

Medication name	Dose	How often	Reason (if you wish to share)

Field	Your answer
Do you need support with your medication? (No / Prompting or reminders / Assistance to take / Administration by staff):	
Where are your medications stored?:	

Allergies and reactions

Field	Your answer

Known allergies (food, medication, other):	
Type of reaction:	
Adrenaline auto-injector (e.g. EpiPen) prescribed? (Yes / No):	

Medical conditions and safety

Field	Your answer
Other medical conditions we should know about (e.g. epilepsy, diabetes, heart condition, asthma):	
Do you have a seizure, diabetes or other health management plan? (Yes / No — please attach if yes):	

Mobility and physical support

Field	Your answer
Mobility (Independent / Uses aids / Wheelchair / Needs assistance):	
Mobility aids or equipment used:	
Transfers (Independent / Needs some help / Needs full assistance / Uses hoist):	
Falls risk? (Yes / No):	

Eating, drinking and mealtime needs

Field	Your answer
Dietary requirements (e.g. diabetic, low salt, texture-modified):	
Cultural or religious food needs:	
Food likes and dislikes:	
Do you have swallowing difficulties (dysphagia)? (Yes / No):	
If yes, do you have a mealtime management or swallowing plan? (Yes / No — please attach if yes):	
Recommended food texture and fluid consistency (if known):	
Do you need supervision or assistance at mealtimes? (Yes / No):	

If you have severe dysphagia or complex mealtime needs, our team will work with your speech pathologist and dietitian to follow your mealtime management plan. Doeboe Care is registered to provide High Intensity Daily Personal Activities, including severe dysphagia and mealtime management.

Section 7 — Communication needs

Field	Your answer
Main language spoken at home:	
Do you need an interpreter? (Yes / No):	
If yes, which language:	
Do you use Auslan or another sign language? (Yes / No):	
Do you use a communication aid or device? (Yes / No — please describe):	
Preferred format for written information (Standard print / Large print / Easy Read / Audio / Other):	

If you need an interpreter, we can arrange one at no cost to you through the Translating and Interpreting Service (TIS) on 131 450.

Section 8 — Cultural, religious and identity needs

Field	Your answer
Do you identify as Aboriginal and/or Torres Strait Islander? (Aboriginal / Torres Strait Islander / Both / Neither / Prefer not to say):	
Cultural background or ancestry:	
Religion or faith (if any):	
Religious or cultural practices you would like us to respect:	
Do you identify as LGBTIQA+? (Optional — you may leave blank):	
Preferences for the gender of your support workers (if any):	
Anything else about your identity or culture we should know:	

Section 9 — Supports you are seeking

Tick the supports you are interested in. Our team will confirm what is available in your NDIS plan.

Support type	Tick
Assistance with self-care activities (personal care)	
Access to community, social and recreation activities	
Household tasks	
Meal preparation	
Group-based activities	
Support coordination	

High intensity daily personal activities (incl. severe dysphagia / mealtime management)	
Transport assistance	
Skill development and training	
Capacity building — daily activity	
Supported Independent Living (SIL)	
Other (please describe below)	

Other supports you would like:	_____

Field	Your answer
Preferred days and times for supports:	
How many hours per week are you looking for (if known):	
When would you like supports to start:	

Section 10 — Your goals

Tell us what you would like to work towards. Your goals help us plan supports that matter to you.

Field	Your answer
Short-term goals (next few months):	
Medium-term goals (this year):	
What is most important to you in the supports you receive:	

Section 11 — Consent to proceed and declaration

Please read the statements below and tick to show your agreement, then sign.

Statement	I agree (tick)	I do not agree (tick)
I confirm the information I have given in this form is true and correct to the best of my knowledge.		
I agree for Doeboe Care to use this information to plan and provide my supports.		
I agree for Doeboe Care to store this information securely in line with its Privacy Policy and the Privacy Act 1988 (Cth).		

I understand I will be asked to complete a separate Consent Form and Service Agreement before supports begin.		
I understand I can update the information in this form at any time by contacting Doeboe Care.		

A separate Consent Form covers privacy, information sharing, photos and media, medication support, NDIS claiming and service terms. Our team will go through it with you.

Section 12 — Signature

This form is completed by (tick): Participant / Nominee, guardian or representative / Other

Field	Your answer
Full name (please print):	
Signature:	
Date:	

If completed by a representative:

Field	Your answer
Representative full name (please print):	
Relationship to participant:	
Signature:	
Date:	

Received for Doeboe Care

For Doeboe Care: Cephus Nebo — Director / Nominated Supervisor (Authorised Officer) Signed: 14 July 2026

Office use only

Field	Details
Received by:	
Date received:	
Participant record created (Yes / No):	
Next step / follow-up:	