

Please complete this form, and email to [life@ourvoiceourchoice.com.au](mailto:life@ourvoiceourchoice.com.au)

## Expression of Interest

<b>Name of Contact:</b> (person completing or assisting with this form)																					
NDIS Number:																					
Address:																					
Mobile:																					
Email:																					
Residents Name:																					
Gender:																					
Age:																					
Diagnosis:																					
Cultural or Religious Beliefs:																					
Activities of interest:																					
What accommodation is required?	<input type="checkbox"/> Group Home <input type="checkbox"/> Group home with 24hour support <input type="checkbox"/> Group home with overnight support <input type="checkbox"/> Other:																				
Do you require	<input type="checkbox"/> No stairs <input type="checkbox"/> Wheel chair access <input type="checkbox"/> Hoists <input type="checkbox"/> Other:																				
Do you like pets	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>No preference</th> </tr> </thead> <tbody> <tr> <td>Dog</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Cat</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Bird</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	No preference	Dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bird	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:			
	YES	NO	No preference																		
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Cat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Bird	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Other:																					

NEIGHBOURHOOD	
Would you prefer:	YES      NO      No Preference
Neighbours close by:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
In a quiet street:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Close to medical centre:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Walking distance to shops:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Easy access to transport:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mobility (please tick)	<input type="checkbox"/> Ambulant <input type="checkbox"/> Wheelchair <input type="checkbox"/> Require some support from Staff <input type="checkbox"/> Other:
Transport Requirements	<input type="checkbox"/> Independent <input type="checkbox"/> Some Support <input type="checkbox"/> Full Support
Do you share well with others	
Things you enjoy doing:	
NOTES: Is there anything else you would like to add	

Please email this document to [life@ourvoiceourchoice.com.au](mailto:life@ourvoiceourchoice.com.au).

We will confirm we have received your Expression of Interest, and may call you to discuss further.