



REQUEST FOR SERVICES

PARTICIPANT DETAILS

Full Name: _____

NDIS NR: _____

Address: _____

Date of birth: _____

Plan dates: _____

Support coordinator: _____

SC e-mail address: _____

Plan manager (if applicable): _____

PM e-mail address: _____

I hereby request the services of Melanie Mardon from Angel House, 875 Old Northern Road, Dural NSW 2158 as specified below:

- Specialist Behaviour Supports, plans, programs and services
- Therapeutic supports
- Early childhood supports
- STA/Respite
- Holiday programs
- Equine Assisted Psychotherapy Program
- Support Coordination
- Social, community participation
- Transport

I authorise the person named below to act on my behalf and represent my interests in relation to involvement with the NDIS and Safeguards Commission. I understand that the NDIA and NDIS representatives may discuss the details of my care and service plan with Melanie Mardon if needed.

This authority takes effect from _____ and replaces any previously advised arrangements. I understand that I can change my choice of advocate at any time and undertake to advise the National Disability Insurance Scheme (NDIS) of any such change in writing.



I do not place any restrictions on access.

I allow access for the following period: _____

Print Name: _____

Signature of participant/representative: _____

Date : _____

ADVOCATE'S DETAILS

Full Name: Melanie Mardon

Address: 875 Old Northern Road, Dural NSW 2158

Phone Number: 0421375074

Email Address: info@angelhouseaustralia.com

As an advocate of the abovementioned person I undertake to ensure that:

- The participant has provided written authority for me to act as their advocate
 - I always act in the best interests of the participant
 - The participant is aware of any issues and developments in relation to the support they receive and in which I, as their advocate, may be involved
 - I am familiar with the Charter of NDIS under the NDIS Act
 - I will advise the NDIS about any changes in the participant's circumstances and any concerns about their changing needs and wishes.

I will relinquish the role of advocate should the participant wish this.

Print Name: _____

Date: _____

Signature: _____