**Expression of Interest Form**

**ANGEL HOUSE AUSTRALIA PROGRAMS, SUPPORTS & SERVICES**

I, (name in full), (address),

 (NDIS number), (date of birth), hereby wish to issue my expression of interest in the following programs, supports and services presented by Angel House Australia, 875 Old Northern Road, NSW 2158.

* EAP Program & Horsemanship Training Start date
* BIS Program (Behaviour Intervention Supports) Start date
* Specialist Behaviour Supports & Services Start date
* WE & Tafe Support Program (Work Experience) Start date
* Holiday Programs Start date
* Social & Community Participation Supports Start date
* STA/Respite Start date
* Weekend retreats Start date
* Intensive programs (2-3 days) Start date

Plan Managed ❑ Plan Manager

Contact person/number E-mail

Self-managed ❑ or a combination of self-managed and agency management ❑

Agency managed ❑

Support Coordinator Phone nr:

E-mail address

**Signature: NDIS Participant/Representative Name in print**

**Date**