

Application for Support or Service

Flourish Australia can provide different sorts of support to people with a lived experience of a mental health issue, depending on their current situation. Service locations are available at www.flourishaustralia.org.au.

It is important for you to provide accurate information to help us work out what support we can offer to you - or who we might be able to connect you with to get the support you need. The information in this form should be provided by the person seeking services, with support to complete the form from someone else if necessary.

Flourish Australia is committed to maintaining the privacy and confidentiality of personal information. Our privacy practice accords with relevant privacy legislation including the Privacy Act 1988 (Cth), Privacy and Personal Information Protection Act 1998 (NSW) and Information Privacy Act 2009 (Qld). The information you provide on this form will be treated in accordance with our privacy policy <https://www.flourishaustralia.org.au/website-policies>

When you submit this form, someone from Flourish Australia will be in contact with you within five working days. Please ensure you have provided your contact details and those who can be contact in relation to your application.

1. Personal Information

First Name: _____ Last Name: _____
 Date of birth: _____ Gender : Male ☐ Female ☐ Transgender ☐ I identify in another way ☐
 Address: _____ Postcode: _____ State: _____
 Suburb/Area you require support: _____
 I would prefer to be contacted by (provide as many as apply):
☐ Phone: _____ ☐ Mobile: _____ ☐ Email: _____

2. I am enquiring about the National Disability Insurance Scheme (NDIS)

I would like support to understand and/or apply for NDIS funding ☐ Yes
 I am in the process of applying for the NDIS ☐ Yes
 I already have a plan and want to explore support options ☐ Yes
☐ No *Go to question 3*

3. I would like support or information about:

☐ Activities of daily living	☐ Finding and/or keeping a job
☐ Maintaining my health and wellbeing	☐ Accessing and contributing to my community
☐ Engaging in social and leisure activities	☐ Connecting with culture and/or spirituality
☐ Finding and/or keeping a home	☐ Caring for children, family and/or others
☐ Building communication skills and relationships	☐ Respite options
☐ Exploring and engaging in education	☐ Caring for my pet
☐ Other: _____	

4. Optional: You may contact the following people for information to assist with my application

Name	Relationship	Contact Number
_____	_____	_____
_____	_____	_____

5. Referred By:

Name	Position	Organisation	Contact Number

6. By signing this application, I understand that I am giving my consent for Flourish Australia to record these details in their database system and that they may be used for reporting purposes.

Applicant Signature: _____ Date: _____

Mail to: **Application for Service**, Quad 3, Level 3, Suite 3.01 / 102 Bennelong Parkway, Sydney Olympic Park, NSW 2127