

UNIQUE SOLUTIONS APPLICATION FORM

Locked Bag 2008, WENTWORTHVILLE NSW 2145

T: 02 9912 3400 or 1300 663 243 F: 02 9890 1912

E: solutions@tad.org.au W: www.tad.org.au



CLEVER IDEAS
CHANGING LIVES

Please fill in as many details as possible, if you need help please call us on 1300 663 243.

CLIENT: Title:

First Name:

Surname:

DOB:

F

M

Address:

Phone:

Mobile:

E-mail:

CONTACT PERSON: Title:

First Name:

Surname:

Relationship:

Organisation:

Address:

Phone:

Mobile:

E-mail:

REFERRER: Title:

First Name:

Surname:

Job Title or Role:

Organisation:

Address:

Phone:

Mobile:

E-mail:

PAYER DETAILS:

Self-funded

NDIS: Reference Number:

Other:

Language spoken at home:

Are you of Aboriginal or Torres Strait Islander heritage?

No

Yes, Torres Strait Islander

Yes, Aboriginal

Yes, both Aboriginal and Torres Strait Islander

Tell us about your health:

Health conditions:

Relevant medical history:

Allergies:

Height:

cm Weight:

kg

What do you need help with? (please attach clinical assessment if available)

What are your goals/what are you hoping to achieve?

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What other equipment solutions have you tried?

Do you have a solution in mind? (It is fine if you don't!)

PLEASE TICK WHERE APPROPRIATE:

A therapist or healthcare professional is involved in an ongoing basis.

Attachments (include photos, drawings, assessment report where appropriate):

This device will be used mostly in the: Home School Workplace Other

HOW DID YOU HEAR ABOUT TAD?

Community Information Service	Event	Display / Talk
Website	Social media	Word of mouth
Volunteering organisation	Health professional / Disability organisation	
Previous TAD client	Other:	

All personal and sensitive information provided to TAD is covered by our Privacy and Confidentiality Sub-Policy and Procedure and Consumer Guide which are available on our website at www.tad.org.au. I understand TAD will keep me updated about their services and I can opt-out of receiving information at any time.

I have viewed and understood the Consumer Guide and my right to Privacy and Confidentiality.

I understand and agree to the above terms and conditions.

SIGNATURE:

PRINT NAME:

Date:

On behalf of:

(if client unable to sign)