


















Participant Orientation Checklist





Easy Read






The following information has been explained to me (circle yes or no):





1. My rights

Yes ✓	No ✕		I have been told I have rights
Yes ✓	No ✕		I understand what my rights are
Yes ✓	No ✕		I can have an advocate if I want one and will be given help to find one
Yes ✓	No ✕		I can make my own choices and decisions about the supports I receive
Yes ✓	No ✕		I decide on the goals set in my Support Plan
Yes ✓	No ✕		I can communicate with other providers and move to a different provider at anytime

2. Complaints and feedback			
Yes ✓	No ✕		I know how to make a complaint
Yes ✓	No ✕		I know who to make a complaint too
Yes ✓	No ✕		I understand how to give feedback
Yes ✓	No ✕		I know I can tell the NDIS at any time if I am not happy with this provider
3. Provider information			
Yes ✓	No ✕		I must have an NDIS plan to receive support from this provider
Yes ✓	No ✕		I understand there might be a waiting period before I can start my services
Yes ✓	No ✕		I was told how much my services will cost me
Yes ✓	No ✕		I understand my responsibilities and I agree to meet them
Yes ✓	No ✕		I know that my services can stop if I do not meet my responsibilities

3. Provider information			
Yes ✓	No ✕		I was told when and how I can contact my provider
Yes ✓	No ✕		I understand the services they will provide me
Yes ✓	No ✕		I know what my provider is responsible for
Yes ✓	No ✕		I have the details of my contact person

4. My services			
Yes ✓	No ✕		I was involved in planning my supports/services
Yes ✓	No ✕		I understand that I am at the centre of all support decisions
Yes ✓	No ✕		I know that my family or advocate can be with me at all times
Yes ✓	No ✕		I have the right to always feel safe and to never be hurt or scared
Yes ✓	No ✕		I have been told the reasons why my services can be taken away

4. My services			
Yes ✓	No ✕		I know my services will not be taken away just because I want to do something risky
Yes ✓	No ✕		I have been given a copy of my Support Plan
Yes ✓	No ✕		I have been given a copy of my Service Agreement
5. Agreement			
Yes ✓	No ✕		I agree that the information above has been explained to me by a staff member

Staff name:	
Role:	
Signature:	
Date:	

Participant name:	
Date:	
Signature:	

**If signed by an
advocate, include
advocate name and
relationship to
participant:**