




















Easy Read - Participant Orientation Checklist

Do you want to take part in our NDIS Audit?









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

1. My Rights		
<input type="checkbox"/> Yes <input type="checkbox"/> No		I have been told I have rights.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I understand what my rights are.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I can have an advocate if I want one and will be given help to find one.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I can make my own choices and decisions about the supports I receive.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I decide on the goals set in my Support Plan.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I can communicate with other providers and move to a different provider at any time.
2. Complaints and feedback		
<input type="checkbox"/> Yes <input type="checkbox"/> No		I know how to make a complaint.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I know who to make a complaint to.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I understand how to give feedback.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I know I can tell the NDIS at any time if I am not happy with this provider.

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3. Provider information		
<input type="checkbox"/> Yes <input type="checkbox"/> No		I must have an NDIS plan to receive support from this provider.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I understand there might be a waiting period before I can start my services.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I was told how much my services will cost me.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I understand my responsibilities and I agree to meet them.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I know that my services can stop if I do not meet my responsibilities.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I was told when and how I can contact my provider.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I understand the services they will provide me.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I know what my provider is responsible for.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I have the details of my contact person.

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4. My services		
<input type="checkbox"/> Yes <input type="checkbox"/> No		I was involved in planning my supports/services.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I understand that I am at the centre of all support decisions.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I know that my family or advocate can be with me at all times.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I have the right to always feel safe and to never be hurt or scared.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I have been told the reasons why my services can be taken away.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I know my services will not be taken away just because I want to do something risky.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I have been given a copy of my Support Plan.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I have been given a copy of my Service Agreement.

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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 the advocate's
name and relationship
to the participant: _____