



Interactive Plan Management

New Client Registration Form

Thank you for choosing Interactive Plan Management as your preferred provider for plan management services!

Participants Details:

Title (please circle): Mr/Mrs/Ms/Miss Date of Birth: _____
First Name: _____ Email: _____
Middle Name(s): _____ Address: _____
Surname: _____
Phone Number: _____

Some plans are managed using several methods, for example your plan may be partly *plan managed* and partly *self-managed*, or partly *plan managed* and partly *agency managed*. This would have been discussed with you during your planning meeting. If you are unsure, we can find this out for you. (Please tick the option that applies)

- My plan is managed wholly through plan management
- Only a portion of my NDIS plan is managed through plan management
- Unsure

I prefer to receive my statements via: (select one)

- Email
- Post

I, _____, acknowledge that the information on this form will be used by Interactive Plan Management to begin the setup process for plan management services of my NDIS plan.

Signature of Participant/nominated representative

Name of Participant/nominated representative

Date