



Bendigo Autistic Advocacy
and Support Service

Advocacy Intake Form

Co-Convenors
Tony Langdon - Susanna Flanagan

ABN: 91 392 431 156

Mail to: PO Box 428, Bendigo PO, Bendigo Vic
By appointment: 35 Lansell Street, East Bendigo
☎ info@bendigoautisticadvocacy.com.au
🌐 Bendigoautisticadvocacy.com.au

Advocacy Team
Susanna Flanagan & Annie Kelly

Name (of person completing form):

Date of birth (this may be required if advocating on your behalf; eg. completing forms, making enquiries):

Age:

Gender (please specify):

Culture (optional- this can assist us in supporting you and determining available supports):

Veteran (optional- this can assist us in supporting you and determining available supports):

Phone number:

Email:

Home address:

Name/s of person/s you give consent for BAASS to advocate with and/or on behalf of:

Self (please tick if you consent for BAASS to advocate with you and on your behalf as needed)

Please list disabilities (this can help us support you and determine relevant supports):

Others you consent to BAASS Advocacy with and on behalf of:

*Name: D.O.B: Age:

Gender: Your relationship to this person:

Culture (optional- this can assist us in supporting you and determining available supports):

Are you legal guardian or are there care orders relating to this person?

Please list disabilities (this can help us support you and determine relevant supports):

Please complete a separate Advocacy Intake Form for each additional person. This enables us to provide more holistic and relevant advocacy.



I would like BAASS Advocacy in relation to: (please tick all that apply):

All disability needs as determined in consultation

Education

Tick	Education level	Name of Institution
	Preschool- Primary School	
	High School	
	University	
	TAFE	
	Apprenticeship/Traineeship	
	Other (please specify)	

Contact details for educational institution:

Contact person/s- name/s and position/s:

Phone number:

Email:

Employment

Organisation details:

NDIS

Centrelink

Health Care

Organisation/s details:

Other:



Relevant Providers

Please provide details for any relevant providers. This is optional but can assist us in supporting you and if you need us to contact them on your behalf.

OT. Name:

Contact details:

Psychologist. Name:

Contact details:

Paediatrician. Name:

Contact details:

GP. Name:

Contact details:

Psychiatrist. Name:

Contact details:

Speech Therapist:

Contact details:

Other, please specify:

Do you consent for us to contact the relevant organisations/providers on your behalf (per page 2 & 3)?

(Note- we will always discuss this with you first)

Yes No I prefer to provide written consent at the time, for each provider



Is there anything else you would like us to know? Please provide on separate piece of paper if there is not enough space here.

Consent

The BAASS Advocacy Information Form and Privacy Policy are available on our website at bendigoautisticadvocacy.com.au under 'Advocacy' in the menu.

This can also be provided as a website link, email attachment or hardcopy.

****Important**** BAASS receives some funding from Carer Support Services of Bendigo Health. As part of our funding agreement, some client details will be provided to CSS for funding purposes. These details are subject to strict privacy legislation as well as BAASS and Bendigo Health Privacy Policies. Please indicate in writing if you do not consent to us sharing these details.

I confirm that I have read the BAASS Advocacy Information Form and agree to the conditions.

I confirm that I have the legal right to consent for those listed within this form.

Name:

Date:

Signature: