



PARTICIPATION BOOKING AGREEMENT

Equine Assisted Learning

Personality profiling, Communication, Emotional Regulation

Contact insert address details here **Ph: 0000 000 000**

Email: insert email address

Participant/s Name: **DOB:**

NDIS PLAN DETAILS

Plan Number: Plan Start Date: Plan End Date:

Participant is Plan Managed (please provide contact details below) Self-Managed NDIA Managed

Plan Manager Details:

Contact Name:

Phone:

Email:

Please note the information in this booking form will be used to create a service booking and assess the availability for funding to be used to access our services. This will be done as effectively and efficiently as possible. We may request your assistance with further personal information in order to confirm you are approved to use our services and have funding available. Our booking and service agreement process is outlined below.

- 1
- 2
- 3
- 4
- 5



PARTICIPANT INFORMATION:

Please detail any information which may assist in understanding the participant/s in greater detail. Include any presenting problems and or desired areas of development (*Note this information will be strictly confidential and used to ensure safety of all participants, facilitators and animals, and to enable the program to be delivered in an environment that is comfortable and appropriate for all.*)

Referring Organisation Contact:

Name: Organisation:

Address:

.....

 Phone:.....  Email:

I do acknowledge that I have read the foregoing paragraph and know and understand the content thereof. All information provided is true and accurate; I agree that I am responsible for the costs in relation to the program and or session/s.

SIGNATURE _____ **DATE** _____

Return completed form to: insert email