

# Amazement Pathways Programs – Expression of Interest Form

Thank you for choosing to express your interest in the Amazement Pathways Program. We are a business who is able and equipped to provide a service that can deliver multiple streams of experience and expertise to NDIS participants willing to engage with our program and team. We are a provider of services under the NDIS, meaning we are only able to accept self-managed and plan managed participants into the program, that have access to funding through the NDIS. If you are interested in participating in this program please complete this form.

Due to the nature of supports that our program can offer, as well as animal welfare and workplace health and safety reasons we can only accept participants that meet the following criteria:

- Minimum 16 years of age
- Generally able to manage self-care & activities of daily living
- Fair to Good level of fitness and,
- Independent level of mobility

## PROSPECTIVE PARTICIPANT DETAILS

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (If you are under 18 years, you must complete the Parent / Guardian section below)

### **PARENT / GUARDIAN DETAILS (Or Preferred Contact Person of the Prospective Participant)**

Parent / Guardian First Name: \_\_\_\_\_

Parent / Guardian Last Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Parent / Guardian Contact Phone Number: \_\_\_\_\_

Parent / Guardian Contact Email Address: \_\_\_\_\_

Relationship to Prospective Participant: \_\_\_\_\_

## NDIS FUNDING INFORMATION

NDIS Number: \_\_\_\_\_

NDIS Plan Type:

Self-Managed  Plan Managed  Agency Managed

\*At this stage we can only take Self-Managed and Plan Managed Participants.

Plan Start Date (if known): \_\_\_\_\_

If you are Plan Managed, please provide additional details:

Plan Manager Service Provider Name: \_\_\_\_\_

Plan Manager Name: \_\_\_\_\_

Plan Manager Work Address: \_\_\_\_\_

Plan Manager Work Phone Number: \_\_\_\_\_

Plan Manager Work Email Address: \_\_\_\_\_

### **AMAZEMENT PATHWAYS PROGRAM SERVICE PRICING 2024-2025**

These support items assist participants to access community, social and recreational activities provided in a group setting in a centre.

These support items can be delivered to individual participants or to groups of participants subject to the rules set out in this NDIS Pricing Arrangements and Price Limits.

**PROPOSED PARTICIPANT SUPPORT DETAILS**

<p>identify personal goals and general interests of the proposed participant:</p>	
<p>Type of supports required for the proposed participant:</p> <p><i>Please list – using NDIS categories where possible</i></p>	
<p>What are the proposed participant’s NDIS goals for this plan period?</p> <p><i>(As per NDIS Plan Goals)</i></p>	
<p>Does the proposed participant have any other special needs / specialised requirements?</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Mental health</li> <li>• Behaviour support needs</li> <li>• Physical needs</li> <li>• Other</li> </ul>	
<p>Do you have a Behaviour Support Plan?</p>	<p>Yes / No</p> <p>If yes, please outline or attach details:</p>
<p>Does the proposed participant have any known allergies, anaphylaxis or phobias?</p>	
<p>Does the proposed participant take regular medications or treatments?</p>	
<p>Does the proposed participant have access to and from the venue?</p> <p>170 Yarramalong Rd, Wyong Creek NSW 2259.</p>	
<p>Medicare Number: Medicare Reference No: Medicare Expire Date:</p>	<p>_____ _____ _____</p>
<p>We are taking preference to participants who are available for 2 days per week: <i>(2 x 7.5-hour days per week. Total 15 hours weekly)</i></p> <p><i>We may consider participants for 1 day per week, depending on availability.</i></p> <p>Please select what days you would be available:</p>	<p>Please tick what days you are available:</p> <ul style="list-style-type: none"> <li><input type="radio"/> 8.00am – 3.30pm Monday</li> <li><input type="radio"/> 8.00am – 3.30pm Tuesday</li> <li><input type="radio"/> 8.00am – 3.30pm Wednesday</li> <li><input type="radio"/> 8.00am – 3.30pm Thursday</li> <li><input type="radio"/> 8.00am – 3.30pm Friday</li> <li><input type="radio"/> 8.00am – 3.30pm Saturday</li> <li><input type="radio"/> 8.00am – 3.30pm Sunday</li> </ul> <p>Notes:</p>

**PROPOSED PARTICIPANT PLACEMENT INFORMATION**

We have several areas of placement within the Amazement Pathways Programs, select which department or departments you feel you would like to spend your time:

*(You can pick more than 1)*

Animal Care Team       Café Operations       Gardening Department

Tell us a bit about yourself and why you want to commence the program:

When are you able to commence the program? \_\_\_\_\_

Proposed Participant Signature: \_\_\_\_\_

Proposed Participant EOI Form Submission Date: \_\_\_\_\_

Proposed Participant Parent / Carer / Guardian Signature: \_\_\_\_\_

Vaccine Information		
COVID-19 Vaccinations: 1 <sup>st</sup> Vaccine date: 2 <sup>nd</sup> Vaccine date: Not Vaccinated?	Last Tetanus Vaccination Date:	Vaccinated against hepatitis A & B? Yes or No

The *Expression of Interest Forms* are checked and assessed fortnightly and may take up to 60 days to reply and arrange the next step in the process. We will conduct a face-to-face interview prior to acceptance and commencement of this program, this enables proposed participants (and in some cases their carers / guardians / plan managers and support workers) the ability to ask questions, meet and greet the team, explore the facilities and workspaces, discuss opportunities to achieve planned goals, explain some of the safety elements in regard to WHS and finally complete the next stage of administration paperwork for the program to progress.

Please return this completed form back to Amazement Pathways Program.

**AMAZEMENT PATHWAYS PROGRAM CONTACT INFORMATION**  
 Hoscom Pty Ltd – T/as: Amazement Pathways Programs, Amazement Farm and Fun Park, Central Coast Zoo, Kindifarm.  
 Address: 170 Yarramalong Rd, Wyong Creek, NSW 2259  
 Contact Person: Mary-Anne Hecker  
 Contact Phone: (02) 9792 4188  
 Contact Email: [pathways@amazement.com.au](mailto:pathways@amazement.com.au)