

Leap in! Sign up for plan management.

Please use this form if you are the **Parent or Nominee** for an NDIS Participant.

Participant details. (*means this information is required)

Please note that all details must match those listed on the Participant's NDIS Plan.

Participant first name *

Participant last name *

Participant date of birth *

Contact number *

Email address

Street address

Suburb or town

State

Postcode

NDIS participant ID number

NDIS Plan start date

NDIS Plan end date

Does the participant have a Support Coordinator?

Yes

No

If the Participant does have a Support Coordinator please provide their details.

Support Coordinator's first name

Support Coordinator's last name

Organisation (if relevant)

Contact number

Email address

Further details.

Is this the Participant's first NDIS plan? Yes No

If no, how was their previous plan managed?

NDIA managed Self managed By another plan manager

If 'By another plan manager' please list the plan manager's name

Parent or Nominee's details. (*means this information is required)

Parent or Nominee's first name *

Parent or Nominee's last name *

Parent or Nominee's contact number *

Relationship to Participant

Email address

Is there anything else you'd like us to know? For example, is there a preferred contact method?
Additional people to contact?

How did you hear about Leap in!?

- | | |
|---|---|
| <input type="checkbox"/> Facebook or Instagram | <input type="checkbox"/> Provider |
| <input type="checkbox"/> Advertising (press, magazine, radio, cinema) | <input type="checkbox"/> Leap in! liaison or plan manager |
| <input type="checkbox"/> Expo | <input type="checkbox"/> Leap in! NDIS planning app |
| <input type="checkbox"/> Support Coordinator | <input type="checkbox"/> Family member or friend |
| <input type="checkbox"/> Google or Leap in! website | <input type="checkbox"/> Other (please specify) |

Authorisation.

This section needs to be completed by the person authorised to act on behalf of the Participant.

- I agree that the details I have provided are correct.
- I have read and agree to [Leap in! Plan Management Terms](https://www.leapin.com.au/ndis-plan-management/plan-management-terms/) (service agreement) (visit <https://www.leapin.com.au/ndis-plan-management/plan-management-terms/>) and want the NDIS Plan of the person for whom I am Parent or Nominee to be plan managed by Leap in!
- I want to use the Leap in! app to track my NDIS Plan budgets, make claims and approve my invoices – please set me up in the app.

Signature

Date