



## Registration Details (Please fill in all areas)

## Workshop/Event: Planning for the NDIS

Venue: Roma Community Hub
Address: 57 Bungil Street Roma Qld 4455
Date: 16 <sup>th</sup> June 2016 Time: 9.00am – 12.00 noon RSVP by: 15 <sup>th</sup> June 2016
Participant: □Family Member/Carer □Person with Disability □Other
Dietary Requirements □ Gluten Free □ Vegetarian □ No Dairy □ Vegan Do you have any food allergies, disability, language or other requirements where you require assistance?
Participant details below:
First Name:Gender:
Address:
Email:
You can return completed registration form by:
Email: registrations@parent2parentqld.org.au   Fax: (07) 5472 7073  Post: Parent to Parent PO Box 434 Yandina Qld 4561  Phone: 54727072 or 1800 777 723 between 9am – 4pm weekdays
Planning Information Required for Government Purposes
Name of person with a disability
Gender Date of Birth
Is this person attending the workshop with you? $\ \Box$ Yes $\ \Box$ No
What is your relationship to the person? $\square$ Parent/Guardian $\square$ Grandparent $\square$ Sibling $\square$ Other
Participant Age Group $\Box$ Under 45 $\Box$ 45-59 $\Box$ 60-65 $\Box$ 66-69 $\Box$ 70-75 $\Box$ 76-79 $\Box$ 80+
Are you of Aboriginal or Torres Strait Islander origin? $\ \Box$ Aboriginal $\ \Box$ Torres Strait Islander
How did you hear about this workshop? ☐ Website ☐ Dept of Communities ☐ Service Provider ☐ Friend