

Full Name:			
Phone Number:			
Email Address:			
Preferred way of contact:		How often?	
NDIS Participant No:		CIRTS Id:	
NDIS Plan Date - From:		To:	
Support Coordination Funding Amount:		Hours available:	

Conflict of Interest

A conflict of interest is a situation in which a person has a private or personal interest sufficient to influence or appear to influence objective decision-making or actions in their role. It is everyone's responsibility to identify and disclose potential, perceived, or actual conflicts of interest prior to confirming a decision or carrying out any actions.

Conflict of Interest explained to the client?	<input type="checkbox"/> Yes	Date:	
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Sharing Information

As your chosen provider of Support Coordination services, LWB's role is to support you to gain confidence, foster connections, promote independence and encourage participation in the community. To meet our obligations to you, we may need to share personal information about you with other service providers to seek services.

Has the client completed the Service Agreement and Consent to Collect and Share Information form?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, go back and review and complete.</i>
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Are there any risks if information sharing is not permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, ensure the client understands the risks.</i>
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How will these risks be minimised?	
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NDIS LWB 403 [Engagement Form](#) confirmed:

Is there any further information to complete on the Engagement form that is relevant to the services or actions that will be undertaken?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, update the Engagement form</i>
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Support Plans	
Does the client have any support plans that need to be considered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meal time management plan:	<input type="checkbox"/> Yes Expiry date:
Behaviour Support plan:	<input type="checkbox"/> Yes Expiry date:
Other plan/s:	<input type="checkbox"/> Yes Expiry date:
Is there any other relevant information for developing the Action Plan?	

Capacity Building LWB seeks to build your confidence and understanding of your plan and the NDIS scheme.			
Current level of independence and areas of support needed	Independent	Needs Support	Would like to focus on learning
The opportunities with my NDIS plan and budgets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding supports and services that suit me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing my views with the services or supports so it is planned for & delivered upon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to work with the NDIS system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to use the NDIS 'myplace' Participant Portal, or other NDIS tools such as the NDIS price guide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing funds options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Upload to CIRTS as follows: Plans & Assessments > Plans - <Support Plan> Support Coordination Action Plan. SURNAME, First Name. YYYY.MM.DD

NOTE: Ensure both this and the [NDIS LWB 5311B Support Coordination - Client Goal Action Plan](#) are completed.