SMOOTH STRIDE SUPPORT PTY LTD

Participant Assessment and Support Plan – Controlled Issue

NDIS-FORM-023 | Participant Agreement, Consent and Support Planning

Where Quality Care Meets Genuine Compassion.

Version	1.0 - Approved
Owner	Shantell Sydenham - Director
Approved by	Shantell Sydenham - Director
Effective date	28 July 2026
Planned review	28 July 2027, or earlier following material change
Status	Active - approved worker issue
Approval / effective date	28 July 2026 | Next review: 28 July 2027, or earlier following material change

Approved controlled template. Complete all participant-, worker-, event- or service-specific fields, checks, consents, clinical instructions, signatures and point-of-use authorisations that apply before relying on the completed record.

Participant-led planning
Complete this plan with the participant using their preferred communication. Record strengths, goals, preferences, assessed risks and worker instructions. Give the participant an accessible copy and review at least annually or earlier when needs, goals, risks, incidents or circumstances change.

1. About me and my story

Use the participant's own words wherever possible.

My name, preferred name and pronouns	_____
What I want people to know about me	_____
What matters most to me	_____
My strengths, interests and important relationships	_____
What a good day looks like	_____
Things I do not like / must be avoided	_____

Use with / record in
Use the Participant Handbook, Referral Form and communication/consent records.

2. Identity, culture and communication

Record how support can be safe, respectful and understandable.

Language / interpreter / communication method	_____
How I show yes, no, pain, distress or choice	_____
Cultural, spiritual, gender, sexuality or identity considerations I choose to share	_____
Literacy / Easy Read / visual / sensory needs	_____
People who support communication or decisions	_____

Worker matching preferences / reasonable adjustments	_____

Use with / record in
Use NDIS-FORM-018 and NDIS-FORM-020. Record interpreter or authorised-contact details in the participant file.

3. Decision-making, consent and rights

Do not assume incapacity. Record the support the participant wants and verify any substitute authority.

Decisions I make independently	_____
Support I want to understand options or communicate decisions	_____
Nominee / guardian / attorney / representative authority	_____
Advocate details and scope	_____
Current consent limits and information-sharing choices	_____
Dignity-of-risk choices and agreed safeguards	_____

Use with / record in
Use NDIS-FORM-018, NDIS-FORM-020 and the current consent/disclosure records.

4. My goals and participant-defined outcomes

Goals should reflect what the participant wants, not only the service tasks.

Goal 1 / why it matters / first steps / evidence of progress	_____
Goal 2 / why it matters / first steps / evidence of progress	_____
Goal 3 / why it matters / first steps / evidence of progress	_____
Natural, community or mainstream supports involved	_____
How and when I want progress reviewed	_____

Use with / record in
Use the Service and Support Schedule, service-group outcome records and participant review form.

5. Support instructions and routines

Describe what the worker should do, what the participant does independently and what must not occur.

Morning / daytime / evening routines	_____
Prompts, setup, assistance or supervision required	_____
How independence and skill development will be supported	_____
Privacy and dignity instructions	_____
Equipment / consumables / environmental setup	_____
Escalation signs and who to contact	_____

Use with / record in
Use NDIS-FORM-041 Activities of Daily Living Plan and the applicable 0107, 0117, 0120 or 0125 records.

6. Personal care and daily activities

Complete only for agreed 0107 supports within worker competence and registration scope.

Personal hygiene / showering / dressing / grooming	_____

Toileting / continence preferences and assistance	_____
Eating / drinking assistance not covered by a mealtime plan	_____
Mobility, transfers and manual-handling instructions	_____
Skin integrity / pressure-care observations and escalation	_____
Gender / privacy / cultural preferences	_____

Use with / record in
Use NDIS-FORM-041, current manual-handling instructions and health/clinical plans supplied by qualified practitioners.

7. Health, medication and appointments

Workers must act within competence and follow current written directions.

Health conditions and how they affect support	_____
Allergies / alerts / emergency response	_____
Treating practitioners / pharmacy / authorised contacts	_____
Medication assistance level and current medication record location	_____
Seizure / diabetes / other health-management plans	_____
Appointment support and information-sharing authority	_____

Use with / record in
Use NDIS-FORM-021 Medication Management Form and the Health, Medication and Mealtime package. Call 000 for emergencies.

8. Food, nutrition and mealtime safety

Complete when meal preparation or eating and drinking support is provided.

Preferences, allergies, cultural or religious needs	_____
Shopping / preparation / setup assistance	_____
Eating and drinking assistance	_____
Texture / fluid / positioning instructions	_____
Qualified practitioner plan and review date	_____
Choking / aspiration warning signs and emergency response	_____

Use with / record in
Use NDIS-FORM-037 Mealtime Management Plan and only follow current qualified-practitioner directions.

9. Home, household and service environment

Identify safe access, hazards, participant preferences and agreed household tasks.

Entry, keys, pets, smoking, other people and security	_____
Cleaning / laundry / meal preparation / household tasks agreed	_____
Products, equipment and manual-handling controls	_____
Known hazards and participant-agreed controls	_____
Emergency exits / utilities / evacuation considerations	_____
Worker lone-work and check-in arrangements	_____

Use with / record in
Use NDIS-FORM-040, NDIS-FORM-042 and the 0120 task-specific risk and service records.

10. Transport and community participation

Record the participant's preferences, transport method, activity risks and accessibility needs.

Preferred vehicle / public transport / walking / mobility arrangements	_____
Seatbelt, transfer, wheelchair or equipment requirements	_____
Destinations, activities and community connections	_____
Money, tickets, entry costs and spending authority	_____
Road, venue, crowd, weather or other known risks	_____
Check-in, emergency contact and return arrangements	_____

Use with / record in
Use current 0108 and 0125 transport/community consent, risk, trip and activity records.

11. Support Coordination

Complete only where 0106 is agreed and registration approval has been obtained.

What I want help to understand, implement or change	_____
Provider, mainstream and community options to explore	_____
Budget monitoring and plan-use preferences	_____
Capacity-building priorities	_____
Conflict disclosures and provider alternatives	_____
Reports, reviews and plan-reassessment actions	_____

Use with / record in
Use the 0106 Support Coordination Package, NDIS-FORM-013 and NDIS-FORM-014 where conflicts arise.

12. Individual risks and safeguarding

Assess risks with the participant, including the risk of doing something and the risk of not doing it.

Known individual, service, health, environment or community risks	_____
Participant's views, choices and acceptable risk	_____
Existing safeguards and natural supports	_____
Additional controls / owner / due date	_____
Warning signs / escalation / emergency response	_____
Risk review triggers and frequency	_____

Use with / record in
Use NDIS-FORM-043 and connected hazard, incident, home, transport and emergency forms. Do not use restrictive practices.

Behaviour support boundary
Smooth Stride Support cannot provide specialist behaviour support or develop behaviour support plans and will not implement regulated restrictive practices. If behaviour-related risk exceeds ordinary positive support and worker

competence, pause, safeguard, consult the participant and arrange an appropriate referral.

13. Emergency, disaster and service disruption

Plan for foreseeable emergencies and continuity of essential supports.

Emergency contacts and preferred communication	_____
Immediate medical / safety response	_____
Essential supports and maximum safe interruption	_____
Alternative worker / provider / natural support arrangements	_____
Bushfire, heat, storm, power, internet or transport disruption	_____
Evacuation, meeting point and welfare-check arrangements	_____

Use with / record in
Use NDIS-FORM-038 and the WHS, Emergency and Business Continuity package.

14. Worker instructions, competence and handover

Workers must be able to identify the participant's current plan and explain their responsibilities.

Required qualifications, training or competencies	_____
Worker matching requirements	_____
Information that must be read before the first shift	_____
Shift handover and escalation process	_____
Prohibited or out-of-scope tasks	_____
Supervisor / Director review required	_____

Use with / record in
Use the Worker Competency Matrix, induction records, Worker Handbook and role-specific service procedures.

15. Plan review and change record

Review date	28 July 2027, or earlier following material change	What changed / evidence	Documents updated	Next review	28 July 2027, or earlier following material change

Review at least annually and earlier after a significant change, incident, complaint, hospitalisation, new health direction, material risk change, participant request, funding change or service transition.

Agreement and signatures

Signing confirms that the document was explained in an accessible way and records the person's agreement or authority. It does not remove any legal, complaint, privacy or consumer rights.

Role	Name	Signature	Date	Authority / relationship (if applicable)
Participant / person recording the participant's direction	_____			
Smooth Stride Support representative	Shantell Sydenham / delegate			
Interpreter / witness (optional)				

Document basis and control

legacy source retained	NDIS-FORM-023-Participant Assessment Support Plan amended.docx
Source SHA-256	36E1448B50AB75FB182F26247BE5F01D59D7E1C7B7D765F652F85C85FDBBE78C
Approved controlled template. Complete all participant-, worker-, event- or service-specific fields, checks, consents, clinical instructions, signatures and point-of-use authorisations that apply before relying on the completed record.	NDIS-FORM-023, Version 0.1
Prepared for	Smooth Stride Support Pty Ltd
Director	Shantell Sydenham
Approval status	Approved controlled template. Complete all participant-, worker-, event- or service-specific fields, checks, consents, clinical instructions, signatures and point-of-use authorisations that apply before relying on the completed record.

Revision history

Version	1.0 - Approved	Change	Reason / source	Approved by
0.1	27 July 2026	legacy source retained; controlled Smooth Stride Support revision drafted	Current NDIS source review, scope alignment, accessibility and document-control update	Shantell Sydenham - Director