

Date:

VACANCY EXPRESSION OF INTEREST FORM

Due to the exceptional standard of Interaction's supported accommodation facilities, the demand is always high. Vacancies are not always advertised on our website; however, by completing the Vacancy Expression of Interest form you will be assured of an efficient and timely response by an Interaction representative from our Accommodation team, who will discuss your application further.

Participant:	
Name:	<input type="checkbox"/> M <input type="checkbox"/> F DOB:
Phone:	Alternate Phone:
Email:	

Are you completing on behalf of a participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to participant:	
Name:	
Phone:	Alternate Phone:
Email:	
Are you authorised to provide information on behalf of participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Diagnosis:	
Medical Conditions:	
Type of accommodation service required?	<input type="checkbox"/> High Support (24 hour Active Night) <input type="checkbox"/> Medium Support (24 hour Sleepover) <input type="checkbox"/> Low Support (Drop in)
Who would you like to live with?	<input type="checkbox"/> Males Only <input type="checkbox"/> Females Only <input type="checkbox"/> Mixed Gender
Who will help or be involved in transition?	<input type="checkbox"/> Parents/Guardian <input type="checkbox"/> Local Area Coordinator <input type="checkbox"/> Specialist Support Coordinator <input type="checkbox"/> Support Coordinator <input type="checkbox"/> Current Service Provider
Preferred Location(s) for accommodation:	

Is there a requirement for equipment or aides?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please specify:
Is there support required with personal care routine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please specify:
Is there support required to access the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please specify:

Is there support required with domestic skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please specify:
Communication:	<input type="checkbox"/> Verbal <input type="checkbox"/> Non-Verbal <input type="checkbox"/> Auslan
How are participants personal funds managed?	<input type="checkbox"/> Independently manage <input type="checkbox"/> Require staff support to manage <input type="checkbox"/> Carer or parent manages <input type="checkbox"/> Under Financial Management
Employment:	<input type="checkbox"/> Employed <input type="checkbox"/> Day Service <input type="checkbox"/> Other
	If Other, please specify:
	Location:
	Days and times:
Is there a Behaviour Support Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there is no Behaviour Support Plan in place, please describe below any behaviours we need to be aware of (e.g. property damage, physical assault others, self harm, non compliance, verbal aggression)	
Are there any typical triggers for these behaviours (e.g. change to my routine, heat, being sick)	

Previously lived in supported accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, why are you, or why did you choose to leave?
What is important to you, (or the person on whose behalf you are completing this for) in relation to preferred accommodation services?	
Any other comments?	