

Initial Appointment Checklist

(Please ensure relevant sections are completed appropriately).

Participant Name: _____

JSID: _____

General Requirements

Proof of Identity Sighted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CRN Linked on ESS-Web	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eligible Age	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Australian Residency	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Permanent Address in (ESA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Diagnosis (Mental Health required if in Mental Health Contract)

Primary _____

Secondary _____

How did you hear about our services?

Have the following handouts been given and explained to the Participant?

Ostara Australia Handbook	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Complaints Brochure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Disability Employment Services – Your Service Guarantee	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employment Services Code of Practice	Yes <input type="checkbox"/>	No <input type="checkbox"/>
National Standards for Disability Services Fact Sheet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Job Search Records Evidence Sheet	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Has Participant signed/filled out, been explained and provided copies of the following forms?

Disability Employment Services Privacy Consent Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Permission to Disclose and Verify Information	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Pre-Registration Assessment Tool (P.A.T.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Resume Summary Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Signed copy of Job Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Direct Registration Form (<i>Direct Registrations ONLY</i>)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

If NO please give reason:

Does the Participant fit the following category that does not require an ESA/JCA?

- | | | |
|--|------------------------------|------------------------------|
| Job in Jeopardy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Special Class Client | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Eligible School Leaver | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If client is JIJ has Job placement form been filled? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Program Stream | DMS <input type="checkbox"/> | ESS <input type="checkbox"/> |

If in Program Stream DMS, and not receiving Income does the Participant have an income that exceeds the threshold? Yes No

By signing this, I declare that I have received the above relevant information and have been provided with an overview of the services available at Ostara. I have also had explained to me the Ostara Service Delivery Model and understand that in order for Ostara to provide employment opportunities as per the Government Department registration form, some information will be provided to potential employers. I also declare this intake processes has been a fair and equitable processes.

Staff Signature: _____ Date: _____

Client Sign: _____ Date: _____

Would you like to provide any feedback?

