



Application form for new participants

Name	
Date of birth	
Address	
Phone number	
Mobile number	
Email	
Do you have lived experience of disability and/or mental illness?	Yes No Prefer not to answer
If Yes, how would you describe your disability (select all that apply)	Physical Vision Hearing Intellectual Learning Communication Autism Spectrum Disorder Mental illness <input type="checkbox"/> Other <input type="checkbox"/> Please describe

<p>Do you identify as:</p>	<p>Female <input type="checkbox"/></p> <p>Male <input type="checkbox"/></p> <p>Non-binary <input type="checkbox"/></p> <p>Prefer not to answer <input type="checkbox"/></p>
<p>Are you of Aboriginal or Torres Strait Islander descent?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Prefer not to answer <input type="checkbox"/></p>
<p>Is your first spoken language English?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Which DADAA studio would you like to attend?</p>	<p>Fremantle <input type="checkbox"/></p> <p>Lancelin <input type="checkbox"/></p> <p>Midland <input type="checkbox"/></p> <p>Ellenbrook <input type="checkbox"/></p> <p>Hamersley <input type="checkbox"/></p> <p>Yanchep <input type="checkbox"/></p> <p>Regional <input type="checkbox"/></p> <p>Online <input type="checkbox"/></p>
<p>What type of program would you like to join?</p>	<p>Workshop <input type="checkbox"/></p> <p>One-to-one mentoring <input type="checkbox"/></p> <p>Both <input type="checkbox"/></p>
<p>Which art form/s are you interested in?</p>	<p>Visual arts</p> <p>Photography</p> <p>Filmmaking</p> <p>Dance</p> <p>Performance</p> <p>Music</p> <p>Other</p> <p>Please describe</p>

<p>How would you describe your relevant skill level?</p>	<p>Beginner <input type="checkbox"/></p> <p>Intermediate <input type="checkbox"/></p> <p>Advanced <input type="checkbox"/></p>
<p>Please describe any past experience you have had in the arts.</p>	
<p>Have you found a specific workshop you would like to join?</p>	
<p>How will you pay for your DADAA fees?</p>	<p>NDIS</p> <p>CHSP</p> <p>Self-funded</p>
<p>If you are using NDIS, are you</p>	<p>Self-managed</p> <p>Plan-managed</p> <p>NDIA-managed</p>
<p>If you are plan-managed, please provide your plan manager's name and contact details.</p>	
<p>Do you consent to DADAA contacting your plan manager?</p>	<p>Yes</p> <p>No</p>
<p>Do you have a Support Coordinator or Local Area Coordinator?</p>	<p>Yes</p> <p>No</p>
<p>If yes, please provide their name and contact details.</p>	

<p>Do you consent to DADAA contacting your Support Coordinator or Local Area Coordinator?</p>	<p>Yes No</p>
<p>If you have an advocate who is not a family member, and you would like them to help you with decision-making, please provide their details.</p> <p>We will only contact the person with your permission.</p>	
<p>Would you like to be added to DADAA's mailing list to receive news and invitations to events?</p>	<p>Yes No</p>
<p>Are you filling out this form for:</p>	<p>Yourself Someone else</p>
<p>If you're filling it in for someone else, please describe your relationship to the applicant.</p>	
<p>If you're filling this in for someone else and guardianship is applicable, who is the legal guardian with decision-making authority for the person?</p> <p>*If applicable, the legal guardian will be required to provide proof of guardianship and sign future services documents.</p>	



FREMANTLE

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Fremantle WA 6160
08 9430 6616

MIDLAND

26 Junction Parade
Midland WA 6056
08 9250 7633

LANCELIN

131 Gingin Road
Lancelin WA 6044
08 9655 2808

**ART FOR
SOCIAL CHANGE**

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