



## Application form for new participants

Please email the completed form to [clientservices@dadaa.org.au](mailto:clientservices@dadaa.org.au)

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

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

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

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| <p><b>Do you consent to DADAA contacting your Support Coordinator or Local Area Coordinator?</b></p>   | <p><b>Yes</b><br/><b>No</b></p>                |
| <p><b>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.</b></p> <p>We will only contact the person with your permission.</p>   |  |
| <p><b>Would you like to be added to DADAA's mailing list to receive news and invitations to events?</b></p>  | <p><b>Yes</b><br/><b>No</b></p>                |
| <p><b>Are you filling out this form for:</b></p>   | <p><b>Yourself</b><br/><b>Someone else</b></p> |
| <p><b>If you're filling it in for someone else, please describe your relationship to the applicant.</b></p>  |  |
| <p><b>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?</b></p> <p>*If applicable, the legal guardian will be required to provide proof of guardianship and. sign future services documents.</p> |  |



**FREMANTLE**

92 Adelaide Street  
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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