



Care & Support Plan

A person-centred plan to record a participant's goals, the supports they receive, and how they prefer those supports to be delivered.

Prepared for: _____

Date: _____

1 Participant details

Full name

Date of birth

NDIS participant number

Preferred name

Address

Phone

Email

Preferred contact method

2 Emergency & key contacts

Contact name

Relationship

Phone

Alternate contact

3 Plan details

Plan start date

Review date

Prepared by

Role

4 Goals & desired outcomes

What matters to the participant, and what they want to work towards.

Goal	How we'll support it	Who's involved	Review date

5 Supports required

Support type	Frequency	Notes / preferences

6 Communication & preferences

How the participant communicates; routines, likes, dislikes, cultural or religious needs.

7 Health & safety considerations

Relevant health needs, medications, allergies, mobility, and any known risks with agreed strategies.

8 Agreement & signatures

This plan should be developed with the participant (and their representative, if any) and reviewed regularly.

PARTICIPANT / REPRESENTATIVE

Full name

Signature

Date

TQN.CARE REPRESENTATIVE

Full name

Signature

Date
