**Participant Exit Form**

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| --- | --- | --- | --- |
| **First name** |  | **Middle name/s** |  |
| **Last name** |  | **DOB (DD/MM/YYYY)** |  |
| **Place of birth**  |  |
| **Previous names used** (if applicable) |  |
| **Background** (tick all that apply) | ❑ **Aboriginal**  ❑ **Torres Strait Islander** ❑ **Not Aboriginal or Torres Strait Islander** |

**Section 1: Personal details**

**Section 2: Emergency contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency contact name** |  | **Relation to participant** |  |
| **Contact number** |  |
| **Address** |  |

**Section 3: Exit information**

|  |  |
| --- | --- |
| **Date of exit** |  |
| **Reason/s for exit** *(if reasons involve incidents/complaints, these should be entered on the relevant registers including details about how these were addressed and managed)* |  |

**Section 4: Exit arrangements**

*Record details about arrangements and timeframes associated with exiting of the service.*

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**Section 5: New support arrangements**

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| --- | --- |
| **Support type** |  |
| **Supports provided** |  |
| **Contact name** |  |
| **Phone number**  |  |
| **Email** |  |

|  |  |
| --- | --- |
| **Support type** |  |
| **Supports provided** |  |
| **Contact name** |  |
| **Phone number**  |  |
| **Email** |  |

**Section 6: Participant needs and preferences**

*Participant needs and preferences regarding exit.*

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**Section 6: Risk assessment**

*(attach a completed risks register which includes information about all risks associated with service exit)*

Risk register attached: ❑ Yes ❑ No identified Risks

**Section 7: Signatures**

*All relevant parties should sign off to agree that the information on this form is correct and that the proposed exit arrangements are suitable. All parties must also sign separate service agreements in order to proceed with services.*

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| --- | --- | --- |
| **Participant’s signature** |  |  |
| **Name of participant** |  |  |
| **Advocates/guardian’s signature** |  |  |
| **Name of advocate/guardian** |  |  |
| **Organisation representative’s signature** |  |  |
| **Name of organisation representative** |  |  |
| **Date** |  |  |

**\*\* Enter NA where not applicable**