

**Quality Form PMP-F003**

Choosing MOIRA as your NDIS plan manager is as simple as completing and returning this form. Once completed, please return this form along with a copy of your approved NDIS Plan to [fpmengagement@moira.org.au](mailto:fpmengagement@moira.org.au) MOIRA is here to help, should you have any questions about getting started contact us on 1300 666 472.

**PARTICIPANT DETAILS:**

<b>Full Name</b>			
<b>Address</b>			
<b>Contact Phone Number</b>		<b>Email</b>	
<b>Preferred contact</b>	<input type="checkbox"/> Email <b>OR</b> <input type="checkbox"/> Phone <b>OR</b> <input type="checkbox"/> contact my authorised representative		
<b>Date of Birth</b>		<b>NDIS Reference Number</b>	
<b>Plan Start Date</b>		<b>Plan End Date</b>	

**PLAN MANAGEMENT SERVICE FEES**

<b>Financial Intermediary Services</b>	<b>Set Up Costs</b>	<b>Monthly Processing</b>
Capacity Building Supports: Improved Life Choices	\$232.35	\$104.45

**AUTHORISED REPRESENTATIVE DETAILS:**

The Authorised Representative will be authorised to approve invoices for payment and handle financial matters on behalf of the Participant. If the main Authorised Representative is unavailable, the alternate Authorised Representative has this authority.

	<b>Main Contact (for authorising invoices)</b>	<b>Alternate (if main contact is unavailable)</b>
<b>FULL Name</b>		
<b>Relationship to Participant</b>		
<b>Address</b>		
<b>Best Contact Phone Number</b>		
<b>Email</b>		
<b>Preferred Method of Contact</b>	<input type="checkbox"/> Email <b>OR</b> <input type="checkbox"/> Phone	<input type="checkbox"/> Email <b>OR</b> <input type="checkbox"/> Phone

**SUPPORT COORDINATOR DETAILS:**

<b>Name:</b>	<b>Email:</b>	<b>Mob:</b>
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**How did you hear about MOIRA Financial Plan Management?**

- MOIRA Website / Social Media  
  Local Area Coordinator (LAC)  
  Referred by a Service Provider  
  Friend / Family  
 Expo  
 **Please Specify**  
 **Organisation**  
 Transferred from MOIRA FI  
 NDIA Planner

**PLEASE EMAIL SERVICE AGREEMENT TO:**

<input type="checkbox"/> Participant	<input type="checkbox"/> Main Contact	<input type="checkbox"/> Alternate Contact	<input type="checkbox"/> Other, please specify email address:
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