

ADULT NDIS APPLICATION PACK

Application Documentation Checklist



Please check that you have completed all sections of the documentation and that all pages are included before you submit your completed NeuroMoves application.

The following documentation has been completed and is included in my NeuroMoves application:

- ☐ Application form
- ☐ NM Service Agreement
- ☐ Cancellation Policy
- ☐ Medical clearance
- ☐ Bone density scan (if deemed necessary by your doctor)

Please complete and send to:



Email: info@scia.org.au or



Fax: 02 9661 9598 or



Post: PO Box 397, Matraville NSW 2036

Client details:							
First Name:				Surname:			
Address:							
Phone:				Mobile:			
Email:							
Date of Birth:			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height:			Weight:
Occupation Pre-injury:							
Current occupation:							
Interested in:	<input type="checkbox"/> LT <input type="checkbox"/> ABT <input type="checkbox"/> FES <input type="checkbox"/> S&C <input type="checkbox"/> Gym <input type="checkbox"/> Hydrotherapy (Adelaide only) <input type="checkbox"/> Unsure <i>(Tick all that apply)</i>						
Preferred location:	<input type="checkbox"/> Adelaide <input type="checkbox"/> Brisbane <input type="checkbox"/> Melbourne <input type="checkbox"/> Perth <input type="checkbox"/> Canberra NSW: <input type="checkbox"/> Lidcombe <input type="checkbox"/> Lismore <input type="checkbox"/> Liverpool <input type="checkbox"/> Menai <input type="checkbox"/> Penrith <input type="checkbox"/> Zetland						
SCIA Membership: I would like to become a free member of SCIA <input type="checkbox"/> Yes <input type="checkbox"/> No If yes I wish to receive: E-news and other updates <input type="checkbox"/> Yes <input type="checkbox"/> No Accord - SCIA's magazine <input type="checkbox"/> Yes <input type="checkbox"/> No delivered by: <input type="checkbox"/> email <input type="checkbox"/> mail							
How did you hear about us?							
Next of kin / Emergency contact details:							
Name:							
Relationship:							
Phone/Mobile:				Email:			
Set this person as the primary contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Personal information collected on this form will be retained and used for the purpose of Spinal Cord Injuries Australia (SCIA) providing supports and services. Without this information SCIA may be unable to provide supports and services to you. SCIA might disclose your personal information to a third party such as a Social Worker or other health professional, an employer, an agency or service provider or the relevant Federal or State Government Department as required under our funding agreements. Some of these parties may be located overseas. We may collect personal information from a third party such as your carer, trustee or authorised representative. If you give us personal information about another person, you must ensure they are provided with a copy of this Privacy Notice. Lodging this form with SCIA indicates your consent for SCIA to collect your personal information. Our Privacy Policy contains further details, including accessing personal information we hold about you and making a privacy complaint. You can view our Privacy Policy on our website at: <http://scia.org.au/privacy-policy> or obtain a copy by phoning 1800 819 775.

Details of condition:				
Type of condition:	<input type="checkbox"/> ABI <input type="checkbox"/> CP <input type="checkbox"/> MS <input type="checkbox"/> SCI <input type="checkbox"/> Stroke <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Other:			
SCI Level:		ASIA Level: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N/A		
How did you acquire your injury / condition?			Date of injury / onset:	
Is your accident covered by an external provider? ie NDIS, insurance, care package		<input type="checkbox"/> Yes <input type="checkbox"/> No Name of provider:		
Which hospital did you attend? (Name and location)				
Date of discharge:				
Specialist:				
Date of last Specialist Consult:				
Community GP:				
Medical Centre:			Phone:	
Comment briefly on any other issues related to your neurological condition:				
Language and Communication: (e.g. I cannot understand what is being said to me, I understand what it is being said, I can or cannot communicate efficiently)				
Memory: (e.g. Short term: I forget things quickly; Long term: I can only remember things from the past)				
Attention: (e.g. I cannot pay attention to things, I get distracted very easily)				
Behaviour: (e.g. I can be aggressive when something frustrates me, I cry very easily, I cannot control my urges, I feel uncomfortable with touch)				

Program	Description	Fees
Initial Assessment	A 2 hour assessment and goal setting session.	<ul style="list-style-type: none"> • \$297.38 per session Free for SCIA members
Gym	A gym based program for fitness and wellbeing. Working under supervision in a gym environment on your individual exercise program.	<ul style="list-style-type: none"> • 12 month membership \$1,200 • 6 month membership \$800 • \$30 per visit
Strength and Conditioning (Individual)	A cardio and weights based program to improve your health, strength, fitness and endurance. You work individually with an exercise physiologist (1 or 1.5 hours)	<ul style="list-style-type: none"> • \$148.69 per hour
Strength and Conditioning (group of three)	A cardio and weights based program to improve your health, strength, fitness and endurance. You work with an exercise physiologist in a small group. (1 or 1.5 hours)	<ul style="list-style-type: none"> • \$49.56 per hour
Activity Based Therapy	A program aimed at maximising your functional potential. All exercises engage your entire body and are completed out of your wheelchair. You work one-on-one with a qualified therapist. (2 or 3 hours per session, 2-4 times per week)	<ul style="list-style-type: none"> • \$148.69 per hour
Locomotor Training	A primarily treadmill based program aimed at pushing the boundaries of functional improvement. (1.5 hours sessions, 4-5 x per week for a 12 week minimum. A shorter trial is also available)	<ul style="list-style-type: none"> • \$298.50 per session
Functional Electrical Stimulation Arm/Leg Cycle	Use of the RT300 FES cycle for either arms or legs.	<ul style="list-style-type: none"> • \$95 per hour
Functional Electrical Stimulation Step & Stand	Use of the RT600 FES step and stand for trunk and legs. (Available at Perth and Lidcombe only)	<ul style="list-style-type: none"> • \$148.69 per hour
Home Exercise Manual and DVD	An individualised exercise program including a manual and DVD of yourself doing the activities, to assist you to exercise at home.	<ul style="list-style-type: none"> • \$594.76

Service Agreement

Between

Client's Full Name:

_____ (hereafter referred to as you "**You**")

Client's Address:

And

Spinal Cord Injuries Australia ("SCIA") ABN: 93 001 263 734

Address: PO BOX 397 MATRAVILLE NSW 2036

1. Background

- (a) SCIA proposes to provide You with the opportunity to participate in the NeuroMoves program, which provides a suite of exercise services for people with a neurological condition or physical disability ("**NeuroMoves**").
- (b) SCIA will develop a structured exercise program ("**the Exercise Program**") for You in accordance with this Service Agreement ("**the Agreement**").
- (c) You agree to participate in the Exercise Program.

2. Services provided by SCIA

- (a) Upon receipt of Your application pack (**Application**), SCIA will assess Your Application to determine whether You are suitable for participation in NeuroMoves.
- (b) SCIA reserves the right to not allow You to participate in NeuroMoves, for any reason and at any time, at its absolute discretion.
- (c) If Your Application suggests that You may be a suitable candidate for NeuroMoves, SCIA will meet with You for an initial consultation at a NeuroMoves facility ("**the Facility**").
- (d) During the initial consultation, SCIA will:
 - (i) **review Your Application and medical records;**
 - (ii) **explain the Exercise Program and its guidelines;**
 - (iii) **evaluate Your abilities and prepare Your Exercise Program**(which are subject to change at SCIA's sole discretion at any time).
- (e) Following the initial consultation, SCIA will confirm Your suitability to participate in the Exercise Program.

- (f) Unless otherwise agreed between You and SCIA, the Exercise Program will allow for Your regular visits ("**Visits**") to the Facility.
- (g) At each Visit, SCIA will provide You with supervision and guidance for Your Exercise Program.
- (h) By signing this Agreement, SCIA and You are each agreeing to be bound by the terms of this Agreement until it is terminated pursuant to clause 6 of this Agreement.

3. The Client's responsibilities

- (a) You warrant that you have answered all questions in the Application and that you have answered each question truthfully and to the best of your abilities.
- (b) You agree to complete and provide to CICA the Client Acknowledgement and Checklist (**Checklist**) as included in the Application.
- (c) You acknowledge that the Exercise Program does not constitute medical advice, diagnosis or treatment. It is your responsibility to obtain all necessary medical advice as You think is necessary in relation to the Exercise Program.
- (d) You agree to provide SCIA with a medical clearance acceptable to SCIA before participating in the Exercise Program.
- (e) You will not be required to participate in any activity or exercise as part of the Exercise Program that You do not consider as appropriate and acceptable to You. Prior to, or at any time during, any exercise or activity which is part of the Exercise Program, You may advise SCIA staff that You do not wish to take part in the exercise or activity. By participating in the Exercise Program, You acknowledge that each exercise or activity that you undertake is appropriate and acceptable to You.
- (f) During any Visit You agree to obey any lawful and reasonable direction of SCIA or its authorised representatives.
- (g) You agree to immediately inform SCIA, its staff or authorised representatives if you develop any medical condition, including but not limited to Autonomic Dysreflexia, skin breakdowns, blisters or pressure sores, as a result of the Exercise Program or any other medical condition that may affect Your participation in the Exercise Program.
- (h) It is Your responsibility to manage and provide for Your own personal care (such as assistance needed for toileting, washing, dressing and feeding) during each Visit.

4. Payment of fees

- (a) You agree to pay SCIA the fee specified for each scheduled Visit or membership in accordance with the Fee Table as detailed in your Application as amended from time to time.
- (b) SCIA may increase its rates at any time following prior notice to You.
- (c) You acknowledge that You are personally responsible to pay all fees for services rendered to You and agree to pay them as and when they become due.
- (d) Any billing sent by SCIA to an insurance company, solicitor, or other third party is for Your convenience and does not relieve Your liability to pay any fee charged for services provided pursuant to this Agreement.
- (e) You authorise SCIA to release to Your insurance company and its agents, solicitor or other third party any information needed to determine payments to be made by the insurance company or any of its agents if applicable. You authorise payment for these services to be paid directly to SCIA in advance of each Visit.

5. Release and Indemnity

- (a) You release SCIA, its staff, employees, and agents, from all liability, claims, loss, costs and expenses (including legal fees, costs and disbursements) that You may have or claim to have, or but for this release, might have had against SCIA (including any of which You are not aware, or could not have been aware, at the date of this Agreement) arising from or in connection with this Agreement or your participation in NeuroMoves or the Exercise Program.
- (b) You indemnify SCIA against all liability, claims, loss, costs and expenses (including legal fees, costs and disbursements on the higher of a full indemnity basis and a solicitor own client basis, determined without taxation, assessment or similar process and whether incurred by or awarded against the indemnified party) arising from or incurred in connection with this Agreement or your participation in NeuroMoves or the Exercise Program.
- (c) Each indemnity in this Agreement is a continuing obligation, separate and independent from the other obligations of the parties, and survives termination, completion or expiration of this Agreement.
- (d) It is not necessary for a party to incur expense or to make any payment before enforcing a right of indemnity conferred by this Agreement.

- (e) If at any time a provision of this Agreement is or becomes illegal, invalid or unenforceable, that part of the Agreement shall be severable and no longer form part of this Agreement to the extent of any illegality, invalidity or unenforceability, and the Agreement shall otherwise continue in full force and effect.
- (f) In the event that this Agreement constitutes the supply of services to a consumer as defined in Schedule 2 (Australian Consumer Law) of the Competition and Consumer Act 2010 (Cth), as amended, or relevant State or Territory legislation (**"the Acts"**):
 - (i) **nothing in this Agreement purports to exclude, restrict or modify any condition, warranty or other obligation that may otherwise be applicable pursuant to the Acts; and**
 - (ii) **in the event of any breach of any condition, warranty or other obligation that is applicable pursuant to the Acts, SCIA's sole liability for breach of any such condition, warranty or other obligation, including any consequential loss, shall be limited, to the extent permissible by law, to**
 - A. the cost of supplying the services again; or
 - B. the payment of the cost of having the services supplied again, which shall be determined in SCIA's sole discretion.
- (g) Without limiting clause 5(f), all conditions and warranties which would or might otherwise be implied in this Agreement, whether by operation of statute, inference from circumstances, industry practice or otherwise, are expressly excluded to the extent permissible by law.

6. Termination of Services

- (a) Either You or SCIA may terminate this Agreement for any reason, upon giving written notice to the other party.
- (b) In the event of termination, You are liable to pay SCIA for any Visits which You have attended or are scheduled to attend, but neither party shall otherwise be liable to the other. Visits which have been paid for in advance as at the date of termination will not be refunded as per SCIA's cancellation policy.
- (c) No oral or written statement shall limit the right to terminate this Agreement.

7. Governing Law

- (a) This Agreement is governed by and will be construed according to the law applying in New South Wales.

- (b) Each party submits to the non exclusive jurisdiction of the courts exercising jurisdiction in New South Wales, and any court that may hear appeals from any of those courts for any proceedings in connection with this agreement.

8. Entire Agreement

To the extent permitted by law, in relation to its subject matter, this Agreement:

- (a) embodies the entire understanding of the parties, and constitutes the entire terms agreed by the parties; and
- (b) supersedes any prior written or other agreement of the parties.

9. Consent to use of photographs and videos

- (a) You acknowledge that SCIA or its authorised representative may, from time to time, take photographs or videos of You during a Visit, which SCIA intends to use for internal or external purposes.
- (b) You may choose whether or not to consent to SCIA using photographs or videos taken of You, and acknowledge that if You tick the relevant boxes in the Client Acknowledgment and Checklist below, you are granting SCIA:
 - (i) **the absolute right and Your unrestricted permission in respect of photographs or videos taken of You during a Visit;**
 - (ii) **copyright of the relevant photographs or videos of You; and**
 - (iii) **the right to use, re-use and publish photographs or videos of You, for any reason or purpose.**

10. Informed Consent

- (a) You warrant that You are able to participate in NeuroMoves and have not been advised otherwise by a qualified medical practitioner.
- (b) You confirm that have read this Agreement and understand its contents.
- (c) You agree that if You are under 18 years of age, either Your parent or guardian will also sign this Agreement.

Spinal Cord Injuries Australia (SCIA) NeuroMoves Client Acknowledgement and Checklist

1. This Acknowledgement and Checklist (**Checklist**) is intended to assist You in completing the Service Agreement ("the **Agreement**") and understanding more about the service provided to you by SCIA and your responsibilities under the Agreement. If you have any questions, please contact the National Operations Manager, NeuroMoves on 1800 819 775.
2. You should read this form carefully and by ticking the boxes you are agreeing to the following statements:

1.	Prior to commencing and at all times during your participation in NeuroMoves, you will satisfy yourself that the exercises are appropriate and acceptable to you. There is no obligation on you to agree to the exercises. However, by participating in the exercises you acknowledge that they are appropriate and acceptable to you.	<input type="checkbox"/>
2.	You acknowledge that, while your Exercise Program will be designed by SCIA staff, who are Physiotherapists or Exercise Physiologists, those employees are not medical practitioners.	<input type="checkbox"/>
3.	You understand that NeuroMoves and your Exercise Program and the exercises do not constitute medical advice, diagnosis or treatment. It is your responsibility to obtain such medical or other health advice as you think necessary in relation to the Exercise Program.	<input type="checkbox"/>
4.	You acknowledge that participation in NeuroMoves carries with it certain inherent risks varying from one activity to another. These risks range from minor injury such as scratches, bruising or muscle strains or sprains, to major injury such as bone fracture, joint injury, heart attack, concussion to catastrophic injury such as further paralysis or death.	<input type="checkbox"/>
5.	You acknowledge that, as a person with a spinal cord injury, neurological condition or other physical impairment, you are at an increased risk of osteopenia or osteoporosis which places you at an increased risk of fracturing bone.	<input type="checkbox"/>
6.	You acknowledge that aspects of your participation in NeuroMoves may increase friction on your skin and may lead to skin breakdown if left untreated. You acknowledge that it is your responsibility to conduct your own daily skin checks. It is also your responsibility to inform SCIA staff immediately if you have developed a pressure sore, blister or skin breakdown.	<input type="checkbox"/>
7.	You acknowledge it is your responsibility to manage and/or provide for your own personal care during each Visit.	<input type="checkbox"/>
8.	You have read and understood clause 5 (Release and Indemnity) of the Agreement.	<input type="checkbox"/>
9.	You consent to SCIA using any photographs or videos of You taken by SCIA or its authorised representatives during any Visit, for internal purposes including (but not limited to) the training of staff.	<input type="checkbox"/>
10.	You consent to SCIA using any photos/videos of You taken by SCIA or its authorised representatives during any Visit, for external purposes including (but not limited to) publication on promotional materials or the SCIA website.	<input type="checkbox"/>
11.	You consent to SCIA using health and physical assessment data collected of You for research purposes. Your data may be used without identification for external purposes including (but not limited to) scientific journal articles, conference posters or oral presentations.	<input type="checkbox"/>

Acknowledgment and Warranty

By executing the Agreement, I acknowledge and warrant that I have read and understood the items listed in the Checklist.

Services Agreement execution page

Note: If the Client is under the age of 18, a signature of a parent or guardian is required.

Client Signature

In the presence of:

Signature

Signature of witness

Full name of client

Full name of witness

Date

Parent/Guardian Signature

In the presence of:

Signature

Signature of witness

Full name of parent/Guardian

Full name of witness

Date

SCIA Signature

**Signed for and on behalf of Spinal Cord Injuries
Australia ABN 93 001 263 734 by its authorised
signatory:**

In the presence of:

Signature

Signature of witness

Full name

Full name of witness

Date

Cancellation Policy

- Your NeuroMoves sessions will be booked a full calendar month in advance. You have the opportunity to make changes to your schedule up until the last business day of the month, for the upcoming month.
- **If you are unable to attend a session, you need to contact SCIA a minimum of 24 hours before the session.** SCIA will work with you to reschedule this session within the upcoming month.
- **If you do not provide a minimum of 24 hours' notice, SCIA will not reschedule the session and you will be charged the full session fee.** This session will be considered as 'Did Not Attend' (DNA). There is a three strike policy for DNA sessions.
- Extenuating circumstances will be considered on a case by case basis.

Three strike policy for Did Not Attend (DNA) sessions

- Any cancellation that does not comply with SCIA's cancellation policy is considered a DNA.
- An official email will be sent from your Team Leader or site contact to notify you each time that you incur a DNA.
- If three DNA's occur within two months you will be required to forfeit your preferred session days/times. You will be required to arrange a new time for your regular session depending on the availability your site has remaining for that month.

I both understand and acknowledge the contents of the NeuroMoves Cancellation Policy. (If under 18, a parent or must sign.)

Signed: _____ Name: _____ Date: _____

Dear Doctor,

Your patient _____ has applied to participate in NeuroMoves, Spinal Cord Injuries Australia's exercise services. NeuroMoves provides a full suite of exercise programs for people with a physical or neurological disability.

Your patient will undergo an initial assessment to verify if NeuroMoves services are appropriate to their needs. The assessment includes three areas: impairments (muscle strength, muscle tone and joint flexibility); activities (mobility and independence) and participation (quality of life and community integration).

Please tick the following programs you provide medical clearance for your patient to participate in. Your clearance and signature is also required on page 2.

☐ **Locomotor Training (LT)**

A primarily treadmill based program involving load bearing and repetitive training, aimed at stimulating the nervous system in order to facilitate functional recovery. It incorporates a body weight supported harness system, a treadmill and manual guidance from therapists to assist a person through the motion of walking. Research has shown improvements in walking function, general mobility, trunk control and general health benefits. Delivered 1:1 with a Physiotherapist or Exercise Physiologist and two therapy assistants.

☐ **Activity Based Therapy (ABT)**

An individually designed exercise program aimed to improve functional independence and mobility through skill acquisition. The program involves repetitive, task specific, dynamic and weight-bearing activities all performed out of the wheelchair. Delivered 1:1 with a Physiotherapist or Exercise Physiologist.

☐ **Hydrotherapy (Available in Adelaide only)**

A therapy aimed to promote neuro-muscular re-education. All exercises are performed in a heated pool which allows an individual to exercise out of the wheelchair with the effects of gravity minimised. Hydrotherapy is best known to increase muscle strength, reduce muscle/joint stiffness and pain, therefore increasing mobility. Delivered 1:1 with a Physiotherapist or Exercise Physiologist.

☐ **Strength and Conditioning (S&C)**

A program for improving health, strength, fitness and maintaining mobility that is tailored to an individual's need. It involves a combination of progressive resistance training and cardiovascular training. Delivered 2:1 or 1:1 with an Exercise Physiologist.

☐ **Functional Electrical Stimulation (FES)**

A therapy utilising small electrical pulses to elicit muscle activation, with the aim to increase muscle strength, assist functional movement patterns in therapy and prevent secondary complications from paralysis. Delivered 1:1 with a Physiotherapist or Exercise Physiologist.

☐ Gym

A health and wellbeing, fitness program for people to access regular exercise in an accessible facility in the community and empower them to maintain a healthy lifestyle. This is held in a group setting to encourage social participation. Supervised by an Exercise Physiologist.

To determine if your patient is eligible to participate at NeuroMoves we require you to:

1. **Tick the programs you provide clearance for**
2. **Provide any general comments / recommendations in relation to your patient**
3. **Provide medical clearance for your patient to participate at NeuroMoves**
4. **If applicable, a bone density report and your interpretation of the report. It is up to you to decide whether your patient requires a bone density scan prior to commencing at NeuroMoves.**

Please note that Locomotor Training and Activity Based Therapy will involve partial and full body weight load bearing activities, unless you stipulate otherwise in the comments section below.

Please complete the approval below and send to info@scia.org.au or fax to: (02) 9661 9598. If you wish to discuss the program or you have any concerns regarding your patient, please do not hesitate to contact me on 1800 819 775 or lsholer@scia.org.au.

Yours Sincerely,



Leah Sholer
NeuroMoves Operations Manager
Spinal Cord Injuries Australia

I hereby approve _____

(Insert patient's name and address)

to participate in the selected NeuroMoves programs as outlined above and on page 1.

Comments/recommendations:

Place Doctor stamp here with your provider number.

Name: _____

Signature: _____

Provider No.: _____ Date: _____