SDA LIVING AUSTRALIA

ABN 55 65 87 45 138

1300 469 939

sdalivingaustralia.com.au

SDA Application Form

Applicant/Participant Details

Full name:			
Date of Birth:			
Gender:	☐ Male ☐ Female ☐ Other ☐ Prefer not to say		
NDIS Number:		**Plan Dates**	
Primary Disability:			
Cultural Identity (optional):	☐ Aboriginal ☐ Torres Strait Islander ☐ Other		
Preferred Language:			
Interpreter Required:	☐ Yes ☐ No		
Phone Number:			
Email Address:			
Address of property applying for:			
Suburb:			
Postcode:			

Guardian/Representative Details (If applicable)

Full Name:	
Relationship to Applicant:	
Contact Number:	
Email Address:	
Do you have a Guardian, Financial Administrator or Enduring Power of Attorney?	☐ Yes ☐ No
Name/Organisation:	

Company Address:	
Company Phone:	
Company Email:	

Support Coordinator Details

Full Name	
Position Title (if applicable)	
Organisation Name	
Phone	
Email Address	

SDA Eligibility

Have you been approved for SDA in your NDIS Plan?
☐ Yes – Date of Approval:
☐ No – Application Pending
☐ Not Yet Applied
Please tick your SDA design category:
☐ Improved Liveability
☐ Fully Accessible
☐ High Physical Support
☐ Robust
Please describe your support needs and reasons for selecting the category above:

Do you require proximity to:				
☐ Family	☐ Health Services	☐ Employment	☐ Education	☐ Community Services

Please attach when returning the application the following:

- SDA Eligibility Determination Letter from the NDIA
- Functional Capacity Assessment (OT or Allied Health)
- Supporting Documents (e.g., Behaviour Support Plan, Health Reports)
- Copy of NDIS Plan
- Guardianship/ POA documentation
- Signed consent form

Onsite Support Requirements

Do you have a SIL provider?	☐ Yes ☐ No
Provider Name:	
Provider Phone number:	
Provider Email address:	
Do you require 24/7 onsite support?	☐ Yes ☐ No
Do you require ceiling hoists or smart technology?	☐ Yes ☐ No
If yes, please list required features:	
Do you use any of the following mobility aids?	☐ Wheelchair ☐ Electric Chair ☐ Walker ☐ Other:
Current Living Situation:	☐ With family ☐ Group home ☐ Hospital ☐ Aged care ☐ Independent ☐ Other:

Additional Information

Please provide any additional information that may support your application (e.g., preferred co-tenants, cultural needs, behavioural considerations):

Declaration

I confirm that the information provided in this application is true and accurate to the best of my knowledge.

Signature of Applicant/Guardian:	
Full name:	
Date:	

SDA Living Australia Use Only

Next Steps:

☐ All documentation received

☐ Meeting with Care Team scheduled

☐ Letter of offer issued

Notes:

Date Received:	
Application Assessed By:	

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Consent & privacy Agreement

Your Privacy
SDA Living Australia respects your privacy. We collect personal information about you, including details about your disability, to provide and manage your supports and services. This may include written notes, reports, photos, and videos.

We only collect, use, and share your information:

- To deliver services
- For reporting to funders like the NDIA
- To meet legal and safety obligations

We may share your information with:

- Your support team (e.g., NDIS providers, doctors, support coordinators)
- Government bodies (e.g., NDIA, Centrelink)
- Contractors for property maintenance
- SDA auditors (you may opt out)
- Your legal representatives or decision-makers
- Others, where required by law

We will not use your information for marketing without your consent.

Participants details

Full name	
Address	
Date of birth (DD/MM/YYYY)	
Contact phone number	
Contact email	
NDIS Participant Number	

Consent agreement
I give permission for SDA Living Australia to collect and share my personal information for the purposes listed above.

- I understand I can withdraw this consent at any time by contacting SDA Living Australia in writing.
- I understand my information may be used for NDIS audits unless I opt out.
  (You can opt out by contacting us.)

Additional Permissions (Optional – Tick if you agree)

☐ I agree to receive SDA Living Australia newsletters and updates

☐ I give permission for my photo or video to be used in promotional material (e.g. website or social media)

☐ I would like a copy of this signed form and the Privacy Policy

Nominated support person (if applicable)
If you get help from a support service or other individual (family member, partner, carer, support coordinator, advocate, or other representative) and you want them to be able to make enquiries and speak to us about your tenancy on your behalf, please provide their details below. Additional names can be added on an extra page.

Full name	
Position title (if applicable)	
Organisation name (if applicable)	
Address	
Contact phone number	
Contact email	
Relationship to renter	

Legally appointed decision maker (if applicable)
Provide your details in the section below if you are completing this form on behalf of a participant for whom you are a legally appointed decision maker (for example, a guardian or public trustee). A copy of the current Tribunal order is to be provided.

Full name	
Position title (if applicable)	
Organisation name (if applicable)	
Address	
Date of birth	
Contact phone number	
Contact email	
Relationship to renter	

Signature (Renter, or legally appointed decision-maker)	
Name	
Date	

Accessing your information and changing or withdrawing your consent

You can access your personal information, change your consent options, or withdraw this consent at any time by contacting SDA Living Australia on 1300 469 939 or tenancy@sdalivingaustralia.com.au.

Privacy

SDA Living Australia will manage the handling of personal information we collect in the provision of housing services in accordance with the Australian Privacy Principles under the Privacy Act 1998 (Cth) and other applicable privacy and related laws. Personal information will be handled in a manner that is consistent with our policy and in accordance with applicable laws.

For more information, please ask for a copy of our Privacy Policy or visit our website.

Contact Us

contact@sdalivingaustralia.com.au
www.sdalivingaustralia.com.au
1300 469 939

If you need help understanding this form, we can arrange an interpreter or advocate.