NDIS LWB 5311B Support Coordination – Client Goal Action Plan

This form should be completed in conjunction with the NDIS LWB 5311A Support Coordination - Client Goal Action Plan.

Why this Plan matters
We need to have a clear understanding of what we will work on with you, so that we can best support you. We want to develop this plan with you; it's your plan! It helps LWB understand what you see is important and keeps us focused. The Client Goal Breakdown and Action Plan helps to break down each individual goal in a way that makes it clear what must be done and by whom to achieve the goal.

Client Full Name:			
LWB Support Coordinator Name and Contact details:			
Support Coordination Funding Amount:		**Hours available:**	

Capacity Building Skills I want to focus on during this NDIS Plan:

These are the most important things I would like to achieve with my NDIS Plan, that are in line with my NDIS Plan Goals	
Goal 1	
Goal 2	
Goal 3	
Goal 4	

Client Goal Breakdown and Action Plan			
Goal 1		**Priority:**	
Are there any longer-term goals or aspirations linked to this goal? *(describe)*			
Are there any current challenges to achieving this goal?			
Are there any Conflicts of Interest & Actions to Address them? *(List conflict and action)*			
Are there any Referrals / support plans needed to achieve this goal? *(List)*			
List the individual actions required to achieve this goal:	**Who is responsible?**	**How much time do I want to spend on this? When should this be done by?**	

Client Goal Breakdown and Action Plan			
Goal 2		**Priority:**	
Are there any longer-term goals or aspirations linked to this goal? *(describe)*			
Are there any current challenges to achieving this goal?			
Are there any Conflicts of Interest & Actions to Address them? *(List conflict and action)*			
Are there any Referrals / support plans needed to achieve this goal? *(List)*			
List the individual actions required to achieve this goal:	**Who is responsible ?**	**How much time do I want to spend on this? When should this be done by?**	

Plan developed by:			
Client/representative Name:			
Signature:		**Date:**	
Support Coordinator Name:			
Signature:		**Date:**	

Action Plan will be provided to the client via (tick applicable):		
Emailed copy: ☐		**Sent copy:** ☐
Delivered copy: ☐	**Other:** ☐	**Details:**