**PARTICIPANT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | | |
| **Date of Birth** |  | **Identified Gender** |  |
| **Contact number** |  | **Email** |  |
| **Home Address** |  | **Living Arrangements** | Please describe (with family/ independent/ group home/ etc): |
| **Diagnosis** |  | | |
| **Behaviours of Concern** |  | | |
| **Language requirements** | Please describe (verbal/ non-verbal/ interpreter/ sign language/ device): | **Cultural Considerations** |  |

**REFERRAL COMPLETED BY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Referral Date** |  |
| **Relationship to Participant** |  | **Contact Number** |  |
| **Referrer email** |  | **How did you hear about us?** |  |

**SERVICE REQUIRED *(SELECT ALL THAT APPLY)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SERVICE REQUIRED** | | **FUNDING LINE** | **FUNDING AMOUNT/ HOURS AVAILABLE** | **FURTHER INFORMATION** |
| **Psychology**  **Psychosocial FCA**  **Counselling** |  | Improved Daily Living  15\_054\_0128\_1\_3  Psychology  15\_043\_0128\_1\_3  Counselling |  |  |
| **Positive Behaviour Support** |  | Improved Relationships  11\_022\_0110\_7\_3  Specialist Behavioural Intervention Support  &  Improved Relationships  11\_023\_0110\_7\_3  Behaviour Management Plan |  |  |
| **Occupational therapy**  **assessments**  ***(over 16yrs old only)*** |  | Improved Daily Living  15\_617\_0128\_1\_3  Occupational Therapy |  | **FCA**  **Home Modifications**  **Assistive Technology**  **Other** |
| **Occupational therapy -**  ***ongoing ADL support***  ***(over 16yrs old only)*** |  | Improved Daily Living  15\_617\_0128\_1\_3  Occupational Therapy |  |  |
| **Social Work** |  | Improved Daily Living  15\_621\_0128\_1\_3  Social Worker |  |  |
| **Support Coordination**  **Lv 2** |  | Support Coordination Level 2  07\_002\_0106\_8\_3 |  |  |
| **Support Coordination**  **Lv 3** |  | Support Coordination Level 3  07\_004\_0132\_8\_3 |  |  |
| **Participant’s Needs/ Goals of Support**  (or attach plan) |  | | | |

**PLAN DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NDIS Number** |  | | **Plan Attached** | **YES** | | **NO** |
| **Plan Start Date** |  | | **Plan End Date** |  | | |
| **Support Coordinator**  (if different to above) |  | **Contact Number** |  | **Email** |  | |
| **How is the Plan Managed** | Agency  Plan  Self | | **Plan Manager** |  | | |
| **Accounts Number** |  | | **Accounts Email** |  | | |

**RISKS HAZARDS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Are there any risks or hazards associated with the participant we should be aware of prior to initial appointment?** | | **YES** | **NO** |
| **Details** |  | | |

**AVAILABILITY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Please cross days/times/locations that are preferrable for you to assist us with scheduling*** | | | | | |
|  | **MON** | **TUES** | **WED** | **THURS** | **FRI** |
| **AM** |  |  |  |  |  |
| **PM** |  |  |  |  |  |
| **Meeting Location** | **Parkside** | **Parafield** | **Home** | **School** | **Telehealth** |
| **Preferred Session / Service Frequency** | | Weekly  Fortnightly  Monthly | | | |
| **Person to contact for scheduling** | |  | | | |
| **School (if applicable)** | |  | | | |
| **A RISK ASSESSMENT WILL BE COMPLETED (VIA PHONE) PRIOR TO SCHEDULING ANY INITIAL HOME VISITS TO ENSURE THE SAFETY OF OUR STAFF.**  **ENVIRONMENTAL AND PARTICIPANT BEHAVIOUR RISKS WILL BE DISCUSSED WITH THE MOST SUITABLE PERSON.**  **WHERE RISKS ARE IDENTIFIED, SAFETY AND SUPPORT STRATGIES WILL BE DISCUSSED BEFORE PROCEEDING WITH SERVICES** | | | | | |

***Please note the availability of practitioners regularly changes and as such cannot be guaranteed until a referral is received and scheduled.***

***Your prompt reply and confirmation of service requests is appreciated.***

**PLEASE NOTE** Activ8 Mind’s short form privacy policy applies to personal information we collect and provides a concise overview of how we handle your personal information. Our complete [privacy policy](https://www.ato.gov.au/About-ATO/Commitments-and-reporting/In-detail/Privacy-and-information-gathering/Privacy-policy/) can be accessed on our website. We are bound by the Australian Privacy Principles (APPs) in the Privacy Act

We aim to collect personal information about you in a fair and lawful way.

We only use personal information for the purposes we collected it – for services delivered to you. Protecting your personal information is important to us. We safeguard your privacy and the security of your personal information by taking steps to protect the information we hold about you, from loss, unauthorised access, use, modification, or disclosure and against other misuse.

Please note that upon commencing Activ8 Mind accepting a referral, additional information may be sought. This may include:

* Home risk assessment
* Questionnaires to outline background health/ disability information and past treatment
* Questionnaires to outline a child/ young persons behaviour, particularly behaviours of concern
* Consent forms