

**Part I : ABOUT YOU (Referrer)**

Please give us as many information as possible, this will help us to allocate support worker according client's needs

Name:	
Phone No	
Email	

**Part II: PARTICIPANT DETAILS (Person you're referring)**

First Name		
Surname		
D.O.B		
Gender		
Participant NDIS Number:		
Phone Number:		
Address (including PostCode)		
Preferred Language		
Is interpreter required? <i>(if filling in form online place x beside relevant box, or circle)</i>	Yes	No
Participant's disability diagnosis		

Do they identify as Aboriginal or Torres strait islander origin <i>(if filling in form online place x beside relevant box, or circle)</i>	Yes	No
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Do they identify as culturally & linguistically diverse background  <i>(if filling in form online place x beside relevant box, or circle)</i>	Yes	No
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**Part III: Services requirement (Person's requirements)**

Worker Preferences

Gender		Age	
Religion		Other	
Experienced worker required (Complex case)  <i>(if filling in form online place x beside relevant box, or circle)</i>	Yes	No	Comments:
NDIS Plan starting date			
NDIA	Self Managed	Plan Managed	Plan. Manager details (name, phone or email)

**Part IV: Risk assessment**

Is there a history of self-harm/suicidal attempts  <i>(if filling in form online place x beside relevant box, or circle)</i>	Yes	No
Is there a history of police involvement  <i>(if filling in form online place x beside relevant box, or circle)</i>	Yes	No
Is there any other relevant risks we should be aware of including (AOD)		