P: 02 4983 2725

M: 0456 413 038

E: [admin@localservicesgroup.com.au](mailto:admin@localservicesgroup.com.au)

*ABN: 27 621 095 369 FULLY INSURED*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NDIS Referral Form**  To be returned in conjunction with the participant’s NDIS plan  Please ensure you complete entire form prior to returning | | | | | |  |
|  |
| DATE OF REFERRAL: |  | | | | |  |
| Participant Details | | | | | |  |
|  |
| FIRST NAME: |  | | | | |  |
| PREFERED NAME: |  | | | | |  |
| SURNAME: |  | | | | |  |
| NDIS NUMBER: |  | | PLAN DATES: |  | |  |
| GENDER IDENTIFICATION: |  | | | | |  |
| PH NUMBER: |  | | DATE OF BIRTH: |  | |  |
| EMAIL ADDRESS: |  | | | | |  |
| ADDRESS: |  | | | | |  |
| SUBURB: |  | | | POST CODE: |  |  |
| DIAGNOSED DISABILITY: |  | | | | |  |
|  | | | | |  |
| POSSIBLE RISKS: |  | | | | |  |
| Plan Management Details | | | | | |  |
|  |
| PLAN MANAGEMENT: | AGENCY/SELF/PLAN MANAGER | | | | |  |
| COMPANY NAME: |  | | | | |  |
| COMPANY PHONE NUMBER: |  | | | | |  |
| COMPANY EMAIL ADDRESS FOR INVOICING: | |  | | | |  |
| Referrer Details | | | | | |  |
|  |
| FIRST NAME: |  | | | | |  |
| SURNAME: |  | | | | |  |
| NAME OF COMPANY: |  | | | | |  |
| JOB TITLE: |  | | | | |  |
| PHONE NUMBER: |  | | | | |  |
| EMAIL ADDRESS |  | | | | |  |
| REFERRER TO ATTEND THE SITE SAFETY INSPECTION: | | | YES / NO | | |  |
| REFERRER TO BE ADVISED WHEN THE INSPECTION IS BOOKED: | | | YES / NO | | |  |
| PARTICIPANT TO BE CONTACTED DIRECTLY: | | | YES / NO | | |  |
| REASON FOR REFERRAL: | CLEANING / CARPETS / LAUNDRY / LAWNS | | | | |  |
| FREQUENCY OF SERVICES REFERRED FOR: | |  | | | |  |
| **Unless agency managed, we can begin providing services as soon as a service agreement and site**  **safety inspection has been completed. There is a 1-unit cost to conduct a site safety inspection.** | | | | | |  |
|  | | | | | | |
| ADDITIONAL NOTES OR OTHER DETAILS | | | | | |  |