P: 02 4983 2725

M: 0456 413 038

E: admin@localservicesgroup.com.au

*ABN: 27 621 095 369 FULLY INSURED*

|  |  |
| --- | --- |
| **NDIS Referral Form**To be returned in conjunction with the participant’s NDIS planPlease 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 |  |