**Group Program Referral.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Participant contact information** | | | | | |
| **First Name** |  | **Last Name** | | |  |
| **Date of Birth** |  | **NDIS Number** | | |  |
| **Address** |  | **Mobile** | | |  |
| **Home Phone** | | |  |
| **Email** | | |  |
| **Participant information – NDIS** | | | | | |
| **NDIS plan start and end date:** | | | | | |
| **Interpreter Required** | YES / NO | | **Language Required (other than English)** |  | |
| **Program which participant would like to attend?** |  | | **Please confirm you have plan managed or self managed CORE funding.** | Y/N | |
| **Primary Disability funded by NDIS** |  | | | | |
| **Does the participant have any other disabilities or ongoing medical issues to be considered?** |  | | | | |
| **Risk Assessment Attached?** |  | | **NDIS Plan attached?** |  | |

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| --- | --- | --- | --- |
| **Plan Management/Self management invoicing information** | | | |
| **Organisation Name** |  | **Phone** |  |
| **Contact person** |  | **Email** |  |
| **Referrer contact details.** | | | |
| **Referrer Name** |  | **Phone** |  |
| **Organisation and Role** |  | **Email** |  |