



"Guiding independence, Building confidence."

# J&R Support Coordination Services

## Participant Referral Form

Please complete the below referral form for Support Coordination and/or Psychosocial Recovery Coaching services. All information will remain confidential and used only for service delivery purposes.

Referral Date:

### 1. Referrer Details

Referrer Name:

Organisation (if applicable):

Referrer Phone:

Referrer Email:

Relationship to Participant:

### 2. Participant Details

Participant Full Name:

Date of Birth:

NDIS Number:

Primary Disability / Diagnosis:

Preferred Contact Method:

☐

Phone

☐

Email

☐

Other

Phone Number:

Email Address:

Residential Address:

Cultural Background and/or Language:

Communication or Access Needs:



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### 3. Service Information

Type of Service Requested:	<input type="checkbox"/> Level 2:Support Coordination <input type="checkbox"/> Psychosocial Recovery Coaching
Goals or Areas of Support needed:	
Current Service Providers (if any):	
Funding Type:	<input type="checkbox"/> Plan Managed <input type="checkbox"/> Self Managed <input type="checkbox"/> NDIA Managed
Plan Start Date:	
Plan End Date:	

**By signing this referral, I confirm that the participant has given permission for their personal information to be shared with J&R Support Coordination Services for the purpose of providing NDIS supports. J&R Support Coordination Services is committed to:**

- Acting with integrity, honesty, and respect at all times.
- Delivering services that are safe, person-centred, and aligned with the participant's goals.
- Protecting the privacy and dignity of all individuals.
- Following the NDIS Practice Standards and NDIS (Incident Management and Reportable Incidents) Rules 2018.
- Managing information in line with the Privacy Act 1988.

**Participants have the right to:**

- Access and update their personal information.
- Receive services that are consistent, respectful, and culturally safe.
- Make complaints or provide feedback without fear of negative consequences.

**By signing below, the referrer confirms they have obtained the participant's informed consent and provided them with information about their rights.**

**By signing below, the participant confirms they have provided informed consent to completing this referral form.**

Consent Obtained from Participant (If referrer filled this out on behalf of participant):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participant / Referrer Signature:	
Date:	

All personal information collected is handled in accordance with the NDIS Code of Conduct, NDIS Practice Standards, and the Privacy Act 1988. For more information, visit [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au).