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 before returning\*** | | | | | | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |
| DATE OF REFERRAL: | |  | | | | | |  |
| Participant Details | | | | | | | |  |
|  |
| FIRST NAME: | |  | | | | | |  |
| PREFERRED NAME: | |  | | | | | |  |
| SURNAME: | |  | | | | | |  |
| NDIS NUMBER: | |  | | | PLAN DATES: |  | |  |
| GENDER IDENTIFICATION: | |  | | | | | |  |
| PH NUMBER: | |  | | | DATE OF BIRTH: |  | |  |
| EMAIL ADDRESS: | |  | | | | | |  |
| ADDRESS: | |  | | | | | |  |
| SUBURB: | |  | | | | POST CODE: |  |  |
| DIAGNOSED DISABILITY: *DOES THE PARTICIPANT HAVE A BEHAVIOURAL MANAGEMENT PLAN IN PLACE? IF YES - PLEASE PROVIDE.* | |  | | | | | |  |
| POSSIBLE RISKS: | |  | | | | | |  |
| PARTICIPANT’S GOALS: | |  | | | | | |  |
| 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: | | | | WEEKLY/FORTNIGHTLY/OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |
| ⬜ I have obtained consent from the participant to make this referral and provide complete personal and medical details. | | | | | | | |  |
| **We can provide services as soon as all documentation required and site safety inspection/risk inspection has been completed.**  **There is a 1-unit cost to conduct a site safety/risk inspection.** | | | | | | | |  |
| HOW DID YOU HEAR ABOUT LOCAL SERVICES GROUP? | ⬜ Google  ⬜ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Referral, Who referred you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |
|  | | | | | | | | |
| ADDITIONAL NOTES OR OTHER DETAILS   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | | | | | | |  |