## 1. Participant Details

|  |  |
| --- | --- |
| Participant Full Name |  |
| NDIS Number |  |
| Date of Birth |  |
| Current Address |  |
| Contact Number / Email |  |
| Primary Contact Person |  |

## 2. Current Provider Details

|  |  |
| --- | --- |
| Current Provider Name |  |
| Contact Person |  |
| Phone / Email |  |
| Service Start Date |  |

## 3. New Provider Details

|  |  |
| --- | --- |
| New Provider Name |  |
| Contact Person |  |
| Phone / Email |  |
| Service Start Date (Proposed) |  |

## 4. Reason for Transition

☐ Participant Choice

☐ Relocation

☐ Service Quality Concerns

☐ Change in Support Needs

☐ End of Service Agreement

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explanation (Required):

>

## 5. Assessment of Participant’s Current Needs

|  |  |  |
| --- | --- | --- |
| Domain | Current Support Required | Notes |
| Daily Living | ☐ Yes ☐ No |  |
| Community Access | ☐ Yes ☐ No |  |
| Behavioural Support | ☐ Yes ☐ No |  |
| Allied Health | ☐ Yes ☐ No |  |
| Assistive Technology | ☐ Yes ☐ No |  |
| Cultural/Language Support | ☐ Yes ☐ No |  |
| Other | ☐ Yes ☐ No |  |

## 6. Services to Be Transferred

|  |  |  |
| --- | --- | --- |
| Service Type | Transferring? | Notes / Specialist Contacts |
| Housing / SIL / STA / MTA | ☐ Yes ☐ No |  |
| Transport | ☐ Yes ☐ No |  |

## 7. Communication Record with New Provider

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Method (Email/Phone/Meeting) | Contact Person | Summary of Communication |
|  |  |  |  |

Attach proof (email trail, letter of offer, or meeting notes) ✅

## 8. Transition Timeline

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Step | Responsible Party | Target Date | Completed Date | Notes |
| Initial Discussion with Participant |  |  |  |  |
| Agreement Signed by Both Providers |  |  |  |  |
| Final Review of Support Needs |  |  |  |  |
| File and Progress Notes Shared |  |  |  |  |
| First Meeting with New Provider |  |  |  |  |
| Start of New Services |  |  |  |  |

## 9. Key Support People

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role / Relationship | Contact Details | Involved in Transition? |
|  |  |  |  |

## 10. Sign-Off and Acknowledgements

|  |  |  |
| --- | --- | --- |
| Signature Area | Name & Signature | Date |
| Participant / Guardian |  |  |
| Current Provider Rep |  |  |
| New Provider Rep |  |  |
| Support Coordinator (if any) |  |  |