REAL CARE. REAL CHANGE.

REFERRAL FORM

This form is intended to be used in print form.

Thank you for considering Inside Out Support Services to support your NDIS journey. This referral form helps us understand your needs and how we can best support you. Whether you're referring yourself, a family member, or someone you support, please complete as much information as possible.

A little about us: we're a 100% Indigenous-owned, NDIS provider delivering culturally safe, person-centred care across Moreton Bay, Brisbane and Ipswich. Our team supports all participants, both Indigenous and non-Indigenous with respect, care, and community spirit.

Once your form is submitted, our team will review your referral and contact you within 2–3 business days to discuss the next steps.

If your enquiry is urgent, please email contact@insideoutsupportservices.com.au

All information provided is confidential and handled in line with the NDIS Quality and Safeguarding Framework and privacy legislation.

PARTICIPANT DETAILS

At Inside Out Support Services, we believe that meaningful support starts with understanding the individual. Learning more about the participant, their interests, goals, preferences, and support needs helps us connect them with the right Support Worker(s) and build genuine relationships that support positive outcomes.

We carefully consider all preferences, interests, support needs, and goals to ensure we provide personalised, high-quality care and the best possible support experience from day one. Please tell us a little about the participant requiring support in the fields below.

*Please note, fields marked with a * are required.*

PARTICIPANT DETAILS	
Participant Full Name: *	
Date of Birth: *	
Gender: *	☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to say ☐ Other: _____
Address: *	
Contact Number: *	
Email Address: *	
NDIS Number: *	
NDIS Plan Start Date: *	
NDIS Plan Finish Date: *	
Primary Disability / Diagnosis: *	
Preferred Language: *	
Cultural Background: *	
Are you of Aboriginal or Torress Strait Islander descent?	☐ Yes ☐ No ☐ Both

REFERRER DETAILS

If you're completing this referral on behalf of someone else, please include your details here. This helps us know who to contact if we need more information about the referral.

*Please note, fields marked with a * are required.*

REFERRER DETAILS	
Who is completing this referral? *	☐ Participant (Self) ☐ Family Member / Guardian ☐ Support Coordinator ☐ Other: _____
Full Name: *	
Organisation (if applicable):	
Phone Number: *	
Email Address: *	

SUPPORT NEEDS AND GOALS

At Inside Out Support Services, we believe every participant's journey is unique. Please use this section to share the participant's support needs, goals, interests, and aspirations. The more information you can provide, the better we can understand what matters most to them and tailor our supports accordingly.

This helps us deliver personalised, person-centred care, connect participants with the right Support Workers, and support meaningful progress towards their goals and greater independence.

*Please note, fields marked with a * are required.*

SUPPORT NEEDS AND GOALS	
What type of support is the participant looking for? *	☐ Assistance with Daily Living / Daily Living Activities *(personal care, household tasks, meal preparation)*
	☐ Community Access & Social Participation
	☐ Capacity Building & Skill Development
	☐ School Holiday Supports
	☐ Transport Assistance
	☐ Short Term Accommodation (STA) / Respite
	☐ Supported Independent Living (SIL)
	☐ Other (please specify)

Brief description of supports required? *	
What are the participant's primary goals for support: *	1.
	2.
	3.
Preferred support days: *	☐ Monday
	☐ Tuesday
	☐ Wednesday
	☐ Thursday
	☐ Friday
	☐ Saturday
	☐ Sunday
Please specify daily support hours required? * *For example:* *Monday: 8am to 3pm* *Tuesday: none* *Wednesday: 8am to 3pm*	☐ Monday: ____ ____ to ____ ____
	☐ Tuesday: ____ ____ to ____ ____
	☐ Wednesday: ____ ____ to ____ ____
	☐ Thursday: ____ ____ to ____ ____
	☐ Friday: ____ ____ to ____ ____
	☐ Saturday: ____ ____ to ____ ____
	☐ Sunday: ____ ____ to ____ ____

RISK & SAFETY INFORMATION

At Inside Out Support Services, the safety and wellbeing of our participants, families, and team members is a priority. Please use this section to share any medical, behavioural, mobility, communication, or environmental information that may impact the delivery of supports.

Providing as much relevant information as possible helps us understand the participant's individual needs, plan appropriately, and ensure our team can deliver safe, effective, and person-centred support from the very beginning.

*Please note, fields marked with a * are required.*

RISK & SAFETY	
Are there any known risks or behaviours of concern we should be aware of? *	☐ Yes (please see below) ☐ No ☐ Unsure
If yes, please describe any relevant details.* *(Example; triggers, support strategies, environmental risks, or safety considerations)*	
Does the participant have any allergies, medical or mobility risks we should know about? Please advise:*	☐ No ☐ Yes If yes, please advise:
Are there any supports or strategies already in place to manage these risks? *	☐ No ☐ Yes If yes, please advise:

NDIS FUNDING DETAILS (optional)

If you have your NDIS funding details available, please include them below. This information helps our team process your referral more efficiently and understand which supports can be delivered within the participant's plan.

If you're unsure of the funding details, that's okay, simply leave this section blank. Our team will work alongside you to confirm the information and ensure the participant receives the supports they need.

FUNDING	
Is this Participant currently funded by the NDIS?	☐ Yes ☐ No
What is the Plan Management type?	☐ Self-Managed ☐ Plan Managed ☐ NDIA Managed
What is the Plan Managers Name?	
What is the Plan Managers Contact Email? *(Please note, this is for Invoicing purposes or Service Coordination)*	
Do you know the approximate funding amount available for support?	☐ No ☐ Yes, please specify: $_____ ☐ Unsure

CONSENT & PRIVACY

At Inside Out Support Services, we respect your privacy and are committed to handling all personal information with care, confidentiality, and integrity. Please confirm that the participant, or their authorised representative, has provided consent for this referral to be submitted to Inside Out Support Services and for the information provided to be used in assessing and coordinating appropriate supports.

*Please note, fields marked with a * are required.*

CONSENT & PRIVACY	
Has the Participant (or their Guardian) given consent for this referral? *	☐ Yes ☐ No
Consent Declaration - I confirm that the participant or their authorised representative has consented to Inside Out Support Services collecting and using the information provided for the purpose of assessing and delivering Supports in line with the NDIS Quality and Safeguarding Framework. *	☐ Yes
Name of signatory: *	
Signature: *	
Date:*	