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| --- | --- |
| Date of Request: |  |
| Name: |  |
| Purpose of referral:  *Can tick more than one* | Orientation and Mobility  Guide Dog Services  Support Work  Adventure Mobility |
| Describe your request in more detail: |  |
| What NDIS plan type do you have & Number?  *If none, we may consider aiding resources based on each individual situation.* | Self-Managed  Agency-managed  Plan-Managed  None (self-paying) |
| When does your NDIS plan renew?  *Do you feel you have sufficient funds to achieve your goals with us?* |  |
| Are you currently receiving GDMI, O&M, or SW services? |  |
| What’s your reason for coming to Stapell Working Dog? |  |
| Notes about your perceived limitations:  *(What are you seeking help with?)* |  |
| Do you feel healthy enough for training? |  |
| What’s your location & address? |  |
| Email? |  |
| Phone Number? |  |
| Do you use Facebook? *Check us out @stapellworkingdog. We book many events and sessions through this app or visit our website at* [*www.stapell.com.au*](http://www.stapell.com.au)*.* | |