

Referral Form

Please provide as much relevant information as possible in the referral form.
This will help to tailor the sessions to meet the unique needs of each individual learner.



1. THE PARTICIPANT

Participant name:	
Participant Reference (NDIS) Number:	
Participant Date of Birth:	
Address:	
Phone:	
Email:	
Parent or Guardian if applicable	
Full Name of Participants's Parent/Carer Name If Under 18yrs:	
Relationship to Participant:	
Address:	
Phone:	
Email address:	
Have the permission forms been given to parents/carers for completion? We will not be able to start the sessions without these being signed.	

2. RERRING AGENCY

Name of Organisation:	
Position held by referrer:	
Full Name of Referrer:	
Email:	
Phone:	

DETAILS

Significant diagnosis relevant to the referral:
Please also include any medical issues that we should be aware of:
Reason for referral: What are the difficulties being experienced by the learner and how is this impacting their experience of education/home life/social interactions and relationships? Please be as specific as you can as this helps us to plan sessions.
What are your expectations of the sessions and how do you feel our sessions will best support the Participant? Please give 2-3 initial outcomes for staff to work towards during the sessions.

Are there any specific needs that the facilitator should be aware of that may impact on the session - for example, sensory needs, behavior triggers, high levels of anxiety which prevent engagement, language difficulties? This helps with our planning.

Please indicate all the areas you believe the Participant will be interested in: (Circle)

Horse wisdom Program

Individual sessions

Youth Program

Horse Hangouts

Comments:

What are your expectations of the sessions and how do you feel our sessions will best support them? Please give 2-3 initial outcomes for staff to work towards during the sessions.

If Reports are Required, please advise who you would like reports, and address to send them:

Who is funding the sessions?

Email for sending invoices:

Date:

Signature of person completing this form:

Please Return Form to Equineistic@outlook.com.au if you have any questions, please don't hesitate to contact me.

For more information or FAQ's please check out our website <https://equineisticnt.org>