

NDIS Participant Request for Services Form

Layered Nutrition and Dietetics provides services to NDIS Participants who have self-managed or plan-managed budget categories. Unfortunately, we are unable to provide services to participants whose funding is NDIA-managed (agency-managed) at this time.



Referrer Information <i>(do not complete if you are self-referring, please go to the next table)</i>	
Name:	Date of referral:
Organisation (if applicable):	Relationship to Participant:
Contact Phone Number:	Contact Email:
Consent <input type="checkbox"/> by ticking this box you acknowledge that the Participant, as listed, has given their consent to share their personal details and is happy to be contacted by Layered Nutrition and Dietetics to organise their care	

Participant Information	
Name:	Date of Birth:
NDIS Participant Number:	Home Address:
Plan Start Date:	Plan End Date:
Gender:	Living Arrangements:
Pronouns:	
Contact Phone Number:	Contact Email:
Do you require an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide details)	
Do you have an authorised representative? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Who should we contact to arrange services for you? <input type="checkbox"/> Me/the participant <input type="checkbox"/> Other _____	
Preferred location of services i.e. home, clinic, telehealth:	
Please tell us a bit about yourself and why you would like to work with Layered Nutrition and Dietetics	

Representative Information	
<i>Please leave blank if the participant is independent in their own decision making and care.</i>	
Name:	
Contact Address:	
Contact Phone Number:	Contact Email:
Relationship to Participant:	

Emergency Contact	
Please tick if emergency contact details are the same as client representative <input type="checkbox"/>	
Name:	
Contact Address:	
Contact Phone Number:	Contact Email:
Relationship to Participant:	

Funding Information	
How are the clients funds managed?	<input type="checkbox"/> Self-managed <input type="checkbox"/> Plan-managed <input type="checkbox"/> NDIA-managed (currently we are unable to support NDIA-managed)
How many hours are available for Dietitian input: <i>Please note a minimum of 5hrs (\$900) + travel is required to start services. Please contact us to discuss your needs or to provide a more detailed estimate of time required to support you.</i>	
Plan Management Company:	Plan Manager Name:
Contact Number:	Contact Email:
What funding category would you like Dietitians to bill from?	<input type="checkbox"/> Capacity Building – Improved health and wellbeing <input type="checkbox"/> Capacity Building – Improved daily living <input type="checkbox"/> Core – Assistance with daily life

Please provide us with any further information that will assist us in working together

Please email completed form to info@layerednd.com.au and we will be in touch with you as soon as possible.

If you have any queries or require assistance completing this form, please contact us at info@layerednd.com.au or via phone on 0491 378 259.

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