

Referral Form Smart Assistive Technology

Thank you for your enquiry.

We work with you to develop and implement Technologies and Solutions tailored to your individual circumstances and goals. To assist us in understanding your needs, please complete this referral form.

Client/Participant Details	
Name	
Address	
Representative (self or nominee)	
Preferred Contact Details	
Mobile/Phone	
Email	

SMART A.T. FOR YOU

enquiries@smartat4u.com.au

0490 767 680

Referring Persons Contact Details

Examples: Self, Occupational Therapist (OT), Coordinator...

Name

Role

Mobile/Phone

Email

List anyone else you would like included in correspondence with Smart A.T For You.

i.e. Family member, OT, Support Coordinator...

Name

Role

Mobile/Phone

Email

Name

Role

Mobile/Phone

Email

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Contact Name

Role

Mobile/Phone

Email

Ref Number
(If required)

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All funding programs and private clients

We work in collaboration with the client/participant, occupational therapists/allied health staff to assess, advise and recommend product options for your assistive technology requirements. We also assist clients/participants with the solutions' procurement, installation, configuration and training.

Type of service you are requesting and areas you are interested in assistance with, goals, outcomes etc.

If you have particular priorities, please number these accordingly.

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NDIS – How is the Plan managed

Please note: We can only accept Self-Managed and Plan Managed Participants at this time.

Self-Managed ☐

Plan Managed ☐

Plan Manager Name

Plan Manager Email

NDIS#

(If required by Plan Manager)

Plan Review Date

Participants stated support funding will be for our services.

NDIS Technology solution budget/outcomes

Do you have existing funding for these solutions, or will you need a quote to align with your supporting OT letter/report for funding approval?

Please provide further information.

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Do you have a permanent internet connection at home
*i.e. Fixed line or fixed wireless connection – not including
Hotspotting with Mobile or 3G/4G Dongle.*

Current technologies/devices

Phone

iPhone ☐ Android ☐

Model:

Tablet/Laptop

iPad ☐ Android ☐ Windows ☐ Mac ☐

Model:

Smart Speakers

Apple

HomePod ☐

Other ☐ Details:

Google

Home/Nest ☐

Amazon

Alexa ☐

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Do you have any deadlines for Smart A.T. For You to deliver these services; if so, please list them.

Please list your preference for scheduling appointments and preferred days of the week.

Usually session start times are 10:00 am or 1:00 pm

The initial assessment duration is approx. 2 hours.

Please list any risk factors for either staff or the client/participant that we need to be aware of for our appointments.

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List any other information you would like to share with us.

Please email the completed form to:

enquiries@smartat4u.com.au

Alternatively, please post the completed form to:

Smart A.T. For You

Parcel Locker 10125 77332

900 Brunswick Street

New Farm QLD 4005