**NDIS Participant Request for Service Form**

*Please complete all appropriate fields below accordingly and return via email – info@araratwellness.com.au*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Participant’s Personal Details:** | | | | | | | | |
| **Referral to:** | |  | | **Date of Referral:** | | |  | |
| **Participant’s Full Name:** | |  | | **Date of Birth:** | | |  | |
| **Participant’s NDIS Number:** | |  | | **NDIS Plan Period Dates:** | | |  | |
| **Diagnosis/Disability:** | |  | | **Sex/Gender:** | | |  | |
| **Reason/s for Referral:** | |  | | | | | | |
|  | |  | | | | | | |
| *Please mark ‘X’ preferred contact method* | | | ***Participant’s Contact Details*** | | | *Please mark ‘X’ preferred contact method* | | |
|  | **Residential Address:** |  | | **Region:** |  | | **Postcode:** |  |
|  | **Mailing Address:** |  | | **Region:** |  | | **Postcode:** |  |
|  | **Phone Number:** |  | | | | | | |
|  | **Email Address:** |  | | | | | | |

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| **Nominated Representative’s Details:** | | | | | | | | | | | | | | | | | | | |
| **Relation to Participant:** | |  | | **Parent and/or Child Representative** | | | | | | |  | **Legally Appointed Decision Maker** | | | | | | | |
|  | |  | | **Plan Nominee** | | | | | | |  | **Other:** | | |  | | | | |
| **Relationship Verified:** | |  | | **NDIS Portal** | |  | **NDIS Plan** | | | |  | **Other:** | | |  | | | | |
| **Representative’s Full Name:** | |  | | | | | | | | | | | | | | | | | |
| **Is this person an Emergency Contact of the Participant?** | | | | | | | |  | **Yes, Primary** | | | |  | | **Yes, Additional** | | |  | **No** |
| *Please mark ‘X’ preferred contact method* | | | | | ***Nominated Representative’s Contact Details*** | | | | | | | | | | | *Please mark ‘X’ preferred contact method* | | | |
|  | **Mailing Address:** | |  | | | | | | | **Region:** | | | |  | | | **Postcode:** | |  |
|  | **Phone Number:** | |  | | | | | | | | | | | | | | | | |
|  | **Email Address:** | |  | | | | | | | | | | | | | | | | |

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| **Intermediary Contact’s Details** | | | | | | | | | | | | | | | | | | |
| **Relation to Participant:** | |  | **Support Coordinator** | | | |  | **Funding Manager** | | | | |  | | **Other:** | |  | |
| **Relationship Verified:** | |  | **NDIS Portal** | |  | **NDIS Plan** | | |  | **Verbal** | | |  | | **Other:** | |  | |
| **Provider Business Name:** | |  | | | | | | | | | | | | | | | | |
| **Preferred Contact Person:** | |  | | | | | | | | | | | | | | | | |
| *Please mark ‘X’ preferred contact method* | | | | ***Intermediary Contact’s Contact Details*** | | | | | | | | | | *Please mark ‘X’ preferred contact method* | | | | |
|  | **Mailing Address:** |  | | | | | | | | | **Region:** |  | | | | **Postcode:** | |  |
|  | **Phone Number:** |  | | | | | | | | | | | | | | | | |
|  | **Email Address:** |  | | | | | | | | | | | | | | | | |

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| **Engagement Details** | | | | | | |
| **Funding Manager Type:** |  | **Agency-Managed (NDIA)** |  | **Plan-Managed** |  | **Self-Managed** |
| **Manager’s Name & Email:** |  | | | | | |
| **(If Plan- or Self-Managed)** |  | | | | | |
| **Support Item/s:** |  | | | | | |
| **Budget Allocated:** |  | | | | | |

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| **Additional Details** | | | | | | | |
| **Copy of Current Plan attached?:** |  | **Yes** |  | **No** |  | **Part:** |  |
| **Other relevant reports attached?:** |  | **Yes** |  | **No** | **Details:** | |  |
| **Other Information:** |  | | | | | | |
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