**NDIS Participant Request for Service Form**

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

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| **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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