

**Enquiry/Referral Form**

Once completed, you can submit an electronic copy of this form to admin@caringvictoria.com.au.

For any additional information or assistance with completing this form, contact the office on

1300421485 or email admin@caringvictoria.com.au

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| Personal details of person being referred |
| Enquiry/Referral Date: |  |
| Full Name: |  | Date of Birth: |
| Gender: | [ ]  Male | [ ]  Female | [ ]  Other |
| Address: |  |
| Postal Address:(if different from above) |  |
| Contact Details: | Home Phone | Mobile | Email |
| Identifies as: | [ ]  Aboriginal | [ ]  Torres Strait Islander | [ ]  Neither |
| Preferred Language/ dialect: |  | Interpreter required? | [ ]  Yes [ ]  No |
| Copy of NDIS Plan provided: | [ ]  Yes [ ]  No |
| Additional information you wish to share: |  |
| I give permission for this referral and understand that I will be contacted by *Caring Victoria* staff |
| Participant Name: |  | (or primary carer/next of kin/guardian) |
| Signature: |  | Date: |

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| Primary Carer/Next of Kin/Guardian Details (if required) |
| Full Name: |  |
| Relationship to Participant: |  |
| Postal Address: |  |
| Contact Details: | Home Phone | Mobile | Email |

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| Disability (tick one or more if known) |
| [ ]  Autism | [ ]  Neurological | [ ]  Intellectual Disability | [ ]  Physical |
| [ ]  Sensory (e.g., vision, hearing) | [ ]  Attributable to a psychiatric condition | [ ]  Cognitive/Acquires Brain Injury | [ ]  Development Delays |
| [ ]  Other (please list) |  |

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| Services I would like to enquire about |
| [ ]  Supported Independent Living (SIL) | [ ]  Short Term Accommodation (STA) | [ ]  Medium Term Accommodation (STA) | [ ]  Respite |
| [ ]  Behaviour Support | [ ]  Community Participation | [ ]  Capacity Building | [ ]  Other |
| If other, please list |  |

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| Referral details (if applicable) |
| Full Name: |  |
| Organisation: |  |
| Position Title: |  |
| Address: |  |
| Phone: |  |
| Email: |  |
| Signature: |  | Date: |

**What happens after we receive your information?**

Once we receive your enquiry/referral, a member from **Caring*Victoria***staff will make contact to develop a Service Agreement. The Service Agreement will need to be approved and signed before any services or supports commence. We will work with the NDIS participant and/or their representative to ensure the Service Agreement is based around the participant’s needs and goals.