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| 1. Agency Details
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| **Referral Date:**  |  |
| **Name of Referrer:**  |  |
| **Referrers Agency:**  |  |
| **Postal Address:**  |  |
| **Phone:**  |  |
| **Email:**  |  |

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| 1. Participant Details
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| **Name of Participant:** |  |  |  |
| **Address of participant:** |  |
| **Telephone of participant:** |  |  |  |
| **Date of Birth:** | \_\_\_\_  **Gender:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Marital Status:** | ☐ Single ☐ Married ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Does the participant identify as:**☐ Aboriginal☐ Torres Strait Islander☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Country of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Language at Home:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Disability:** ☐ Yes ☐ No

**Description:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*Medical Management Plans must be provided (Diabetes plan, Epilepsy plan, Asthma plan etc)*

**Behaviours of Concern / Restrictive Practices:** ☐ Yes ☐ No

*If Yes, we will forward you a Risk Assessment form to complete prior to sending a quote*

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| 1. Funding Information
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| **NDIS Number:** |  |  |  |
| **Plan Dates:** |  |
| **Plan Manager Email for Invoices:** |  |
| 1. General Information
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| **Services required:**☐ 0115 Daily Tasks/Shared Living (Respite) ☐ 0108 Assist-Travel/Transport☐ 0116 Innovative Community Participation**Ratio required:** ☐ 1:1 – Requires Full Assistance with Daily Tasks ☐ 1:2 – Requires Some Assistance with Daily Tasks☐ 1:3 – Independent or Requires Prompting with Daily Tasks *Full Description of ratios and assistance required to be discussed with Wattle Tree staff**Note: Ratios are taken into consideration for group outings. We will quote for a provision of 1:1 day rates for participants on 1:2 and 1:3 ratios if they decide not to join the group outing during their stay.* **Preferred Days / Dates:**☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

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**Do you require Wattle Tree to provide transport to and from the retreat?** ☐ Yes ☐ No

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**Reason for Referral:** |  |  |  |
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| **Participant Desired Outcome:**  |
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| **Where did you hear about us?**  |  |
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| Please email completed form to admin@wattletreecountryretreat.com.au |
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