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

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| 1. Participant Details | | | | |
| **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 | | | | |
| **NDIS Number:** | | |  | |  | |  |
| **Plan Dates:** | | |  | |
| **Plan Manager Email for Invoices:** | | |  | |
| 1. General Information | | | | | |
| **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   |  | | --- | |  |   **Do you require Wattle Tree to provide transport to and from the retreat?** ☐ Yes ☐ No   |  | | --- | |  |   **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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