Participant Referral Form

Use this form to refer a participant for supports. Please complete as much detail as possible to help us understand the participant's needs before services begin.

> **Before you send this referral**
>
> - Where possible, attach a copy of the participant's current NDIS Plan and goals.
> - Information shared here should be limited to what's needed to assess and set up supports - consistent with the Privacy Act 1988 and NDIS Practice Standards.
> - The participant (or their representative) should know what information is being shared, and with whom, before this form is sent.

Referrer details

Person referring		**Relationship to participant**	
Contact number		**Contact email address**	
Referral date		**Preferred start date for services**	

Participant details

Participant name		**NDIS number**	
Date of birth		**Gender identity**	
Address		**Phone**	
Email		**Preferred communication method**	
Interpreter required?		**Aboriginal or Torres Strait Islander?**	
Cultural or spiritual beliefs		**Guardian name & contact details (if applicable)**	

Emergency contact details	

NDIS plan & supports requested

NDIS plan dates		**Plan manager (if plan-managed)**	

☐ NDIA-managed ☐ Plan-managed ☐ Self-managed

Service / supports requested

Describe the supports being requested for this participant.

Days / times requested for services		**Staff preference**	

Participant profile

Details of diagnosis / disability

Describe the participant's diagnosis and how their disability affects daily life.

Behaviours of concern, triggers, or medical alerts

Note any behaviours of concern, known triggers, allergies, or medical alerts.

Likes

What does the participant enjoy?

Dislikes

What should be avoided?

Hobbies / interests

Enter hobbies and interests.

Other relevant information

Anything else that will help us support this participant well.

Consent & privacy

The information on this form will be used only to assess and set up supports for the participant, and will be handled in line with the Privacy Act 1988 and the NDIS Act 2013. It will not be shared with other organisations except as needed to deliver these supports, unless required by law.

☐ I confirm the participant (or their representative) is aware this referral is being made and consents to the information being shared for this purpose.

Referrer signature		Date	

Submitting this form

Please send this completed referral form - and where possible, a copy of the participant's NDIS Plan and goals - to info@nexasupportcoordination.com.au or call +61 4 6077 9834.