

REFERRAL/REQUEST FOR SERVICE

Client details and Relevant NDIS Plan Details

(N/A if this is a request for service for staff learning & development, service reviews etc.)

Client Name	
Age and DoB	
Address	
NDIS No	
Current NDIS Plan dates	
NDIS Plan Nominee Details	
Specialist Behaviour Support funding is	

Details of Person making Referral/ Requesting Service

(Person nominated below will be invoiced, except for 'agency managed' or 'plan managed' NDIS participants)

Name	
Position	
Organisation	
Telephone/Mobile	
Email	
Postal Address	

Additional Contact Person 1 Details

(for e.g.: for information, invoicing/plan manager details, service site contact etc.)

Name of person	
Specify Role (in relation to this referral)	
Telephone/mobile	
Email	
Postal/Address	

Additional Contact Person 2 Details

(for e.g.: for information, invoicing, service site contact etc.)

Name of person	
Specify Role (in relation to this referral)	
Telephone/mobile	
Email	
Postal/Address	

Custody/Court Orders

The Early Childhood Partner needs to understand the environment that the child lives in and who best to contact about your child. This includes knowing about existing parenting, custody or guardianship arrangements.

Are there any existing parenting, custody or guardianship arrangements for the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please specify and provide copies with this application	

Language/Interpreter

The main language is spoken at home:	
Is an interpreter required for a phone conversation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Service Required

List the services the Participant requires and any referral dates etc.

Service	Referral Date	Other Notes

Please ensure consent from family/carer/guardian prior to completing this section

Details of Developmental Delay

<p>Development Area</p>	<p>Concerns Describe the concerns regarding the child's development</p>	<p>Impact Describe how this substantially impacts on the child's daily living activities and participation in family and community life</p>
<p>Self-Care (e.g. feeding/dressing/toileting etc. appropriate for age)</p>		
<p>Physical (e.g. gross and fine motor skills such as moving around / crawling/walking/sitting, rolling, using mobility aids etc.)</p>		
<p>Communication (Language and Speech) (e.g. understanding, talking and communicating needs with others appropriate for age, etc.)</p>		
<p>Relationships and Behaviour (e.g. social, skills, relating to others within the home or community environments etc.)</p>		
<p>Cognitive (Learning and Play) (e.g. learning, remembering and practising new skills such as playing games, pretend play, etc.)</p>		

Accessing your personal and health information

The authorized representative of your child (e.g. parent, guardian or carer) can seek to access the personal and health information about the child that is held by Melbourne Genuine Care Pty Ltd.

You can contact the Managing Director on mandgcare@gmail.com. They can help answer questions you may have and will assess your application by using the criteria in Melbourne Genuine Care's **Privacy and Confidentiality Policy**. They will consult with you to clarify your request and decide whether documents can be released in full or are exempt or partially exempt.

Storage of personal and health information

Information collected about your/your child will be stored securely on databases administered by Melbourne Genuine Care Pty Ltd/NDIS. Only authorized personnel will have access to the information stored on the database.

More information about the NDIA's collection, use, disclosure and storage of your/your child's personal information can be accessed at the NDIA's website which includes the NDIA's Privacy Policy at www.ndis.gov.au/privacy.

Parent/Carer Consent

- I have read and understood the General Information and Important Privacy Information provided with this information form.
- I understand how myself/child's personal information will be collected, used and disclosed for the purposes of the NDIS, which is set out in this information form.
- I have carefully read all of the information provided in the information form and confirm that it is accurate, complete and up to date.
- I consent to, Melbourne Genuine Care Pty Ltd collecting, using and disclosing personal and sensitive information about myself/child in accordance with the General Information and Important Privacy Information sections in this document.
- I understand that I may withdraw consent to receive support from, Melbourne Genuine Care Pty Ltd service provider at any time.
- I give permission to contact the professional completing/assisting with this information form (if any).

Signed

Parent / Carer / Guardian (state which one)

Date:

Verbal Consent Received: (state yes or no)

Date:

Print Name:

Contact Information

<p>Thank you for completing this information form and signing the above-signed section. Please email the completed information form to: mandgcare@gmail.com</p>
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