



REFERRING PERSON'S DETAILS	
Date of referral:	
Referring Person:	
Agency Name (if applicable):	
Contact Number:	
Email:	
How did you hear about Aequalis?:	
TYPE OF SUPPORT	
CORE:	
<input type="checkbox"/> 0107 – Daily Personal Activities	
<input type="checkbox"/> 0108 – Transport	
<input type="checkbox"/> 0125 – Participation in Community, Social & Civic Activities	
CAPACITY BUILDING:	
<input type="checkbox"/> 0116 – Innovative Community Participation	
<input type="checkbox"/> 0117 – Development of Daily living & Life skills	
Preferred start date of support/s:	
Day/s of the week for support/s:	
Time/s of support/s: (please note that Aequalis Disability Services has a 3 hour minimum engagement)	
PARTICIPANT DETAILS	
Full Name:	
NDIS Number:	
NDIS Plan Dates:	
D.O.B (DD/MM/YY):	
Age:	
Gender:	
Residential address:	
Phone:	
Mobile:	
Emergency Contact 1:	Emergency Contact 2:



Ethnicity:	ATSI: Y/N
Allergies:	Medication:
Mental Health illness:	Behaviour concerns/risks:
Does the participant have a Behavioural Support Plan (BSP)?:	

Disability Details: Mild / Moderate / Severe /Unknown <input type="checkbox"/> Intellectual <input type="checkbox"/> Vision <input type="checkbox"/> Autism <input type="checkbox"/> Physical <input type="checkbox"/> Hearing <input type="checkbox"/> Other: _____ _____ _____	Special requirements: (i.e. Kosher, Halal, number of staff required, etc.)
Criminal History:	AOD:

PARTICIPANT REPRESENTATIVE DETAILS (If applicable)

Parent/Carers name: Contact: Please indicate whether this representative needs to sign participant’s paperwork, i.e., Service Agreement?	Parent/Carers name: Contact: Please indicate whether this representative needs to sign participant’s paperwork, i.e., Service Agreement?
---	---

PARTICULARS

NDIS Plan Details (please complete the relevant section):

Agency Managed
 NDIS Number:
 Plan start date:
 Plan end date:

Plan Managed
 Agency managing plan:

Self Managed
 Person managing plan contact email:



What would you like Aequalis Disability Services to address during service provision? (i.e. motivation to engage in education or workforce, develop social skills, impulse control, consequential thinking, participation in pro-social leisure activities etc.)

-
-
-
-
-

Specific requirements: (i.e. triggers, aided tasks etc.)

-
-
-

If you require assistance completing the referral form or have any questions, feel free to contact our team!



(02) 4607 7562



admin@aequalisds.com.au



If you are deaf, or have a hearing or speech impairment, contact us through the **National Relay Service**: Visit www.relayservice.gov.au and ask for the phone number you wish to contact.