

**Referral Form for behaviour support**

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| Date of referral |  |
| Participant name |  |
| Date of birth |  |
| Does participant identify as Aboriginal or Torres Strait Islander? |  |
| Address |  |
| Type of residence? e.g. SIL, SRF |  |
| Name and phone nbr of accommodation manager |  |
| Guardian (who will be signing the service agreement if it is not the participant) |  |
| Guardian’s email address |  |
| Guardian’s phone number |  |
| Guardian’s relationship to participant |  |
| Is the participant verbal?Any communication difficulties? |  |
| NDIS number |  |
| NDIS plan start date |  |
| NDIS plan end date |  |
| How is the plan managed? | Agency managed / Plan managed  |
| Name of Plan manager |  |
| Plan Manager Email  |  |
| \*Support Coordinator |  |
| \*Support Coordinator Email and phone number  |  |
| Funding for Behaviour Supports in plan: **(This information MUST be provided before we can proceed with accepting the referral)** | **Improved Relationships (CB) under Capacity Building**Specialist Behaviour Intervention SupportTotal Hours \_\_\_\_\_ $Behaviour Management TrainingTotal Hours\_\_\_\_\_ $ |
| Improved Daily Living funding? |  |
| Has participant had a previous behaviour support plan? |  |

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| Please provide detail about the behaviours of concern. |
|  |
| Diagnosis/ Disability (including mental health diagnosis) |
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**Consent for referral**

Yes – this referral has been discussed with the participant and / or their guardian, and they understand and agree with the referral being made and providing collateral information to Proactive Behaviour Support.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Thank you for your referral to* ***Proactive Behaviour Support.*** *We will contact you within 24 hours.*

NDIS Registration ID. 4-G 111233

\*Any questions please ring Amanda Bodycote, Director on **0412867532** or email on amanda@proactivebs.com.au