



7 Rowan Street Bendigo VIC 3550

P: 03 4432 7371

M: 0481 142 432
www.sasscare.com.au

E: trin.miller@sasscare.com.au

IRONSTONE HILL REFERRAL - REQUEST FOR SERVICES

About the NDIS Participant			
NDIS Number		Request Date	
First Name		Middle Name	
Surname		Preferred Name	
Phone Number		Mobile Number	
Email Address		Date of Birth	
Address			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (please specify) -		

Disability Type	<input type="checkbox"/> Psychosocial <input type="checkbox"/> Autism	<input type="checkbox"/> Intellectual <input type="checkbox"/> Physical	<input type="checkbox"/> Mental Health <input type="checkbox"/> Other – Specify <input type="text"/>	
Secondary Condition	<input type="checkbox"/> Psychosocial <input type="checkbox"/> Autism	<input type="checkbox"/> Intellectual <input type="checkbox"/> Physical	<input type="checkbox"/> Mental Health <input type="checkbox"/> Other - Specify <input type="text"/>	
Do you have a BSP?	Yes	No	Details:	
Do you have any restrictive practices?	Yes	No	Details:	
Do you require medication administration?	Yes	No	Details:	
Preferred Worker	Male	Female	No Preference	
Indigenous Status	Aboriginal	Torres Strait Islander	Both	Neither
Preferred Contact Method	Phone	Face to Face	Email	SMS
Interpreter Required	Yes	No	Preferred Language	

Participant's Nominee Contact (Next of Kin)			
First Name		Last Name	
Address			
Relation		Phone Number	
Email			

About the NDIS Plan			
Start Date		End Date	
Plan Included:	Yes	No (Please specify goals if not plan provided)	
Billing Details:	NDIA	Plan Managed	Self-Managed



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Plan Manager Details (Organisation, Name, Contact Number, Email)	
Support Coordinator Details (Organisation, Name, Contact, Email)	

NDIS Support Item				
NDIS Support Item Number	Days/Support Dates	Time of Supports	Transport Required?	Are these times/days flexible?

Interests/Hobbies			
Music	Eating Out	Card Games	Art
Volunteering	Sport	Gym	Dancing
Craft	Gardening	Cooking	Cleaning
Movies	Building/Wood Working	Video Games	Cars
Socialising	Fashion/shopping	Other	Other

My Supports			
Do you have allergies	Yes	No	Please provide Anaphylaxis Action Plan.
Do you have a tracheostomy?	Yes	No	Details
Do you have a catheter?	Yes	No	Details
Do you have any complex wounds?	Yes	No	Details
Do you have a PEG tube?	Yes	No	Details
Do you require complex bowel care?	Yes	No	Details
Do you have epilepsy/seizures?	Yes	No	Details
Do you have diabetes?	Yes	No	Details
Do you have asthma?	Yes	No	Details



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Do you give permission for SASS staff to apply sunscreen?	Yes	No	Details
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Do you give permission for SASS staff to use insect repellent?	Yes	No	Details
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Dietary Requirements		
Vegetarian Vegan	Kosher Halal	Gluten Free Non

Medical Emergency		
In an emergency SASS will engage with emergency services without parental or nominee permission.	Date:	Sign:

Consent for Photographs/Video Recording		
Social Media Reports	Newspaper Personal File	Media/TV SASS Website

Support Needs			
Personal Care	Toileting	Medication Administration	Mobility/Transferring

Additional comments

Tell Us About You	
Strengths	
Interests/Hobbies	
Challenges	
Likes/Dislikes	
Triggers	
Behaviours	



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Additional Comments			
Who is Completing this Request for Services			
Agency Name			
Contact Person		Phone:	
Email:		Mobile:	
Where did you hear about SASS?			
<input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Friends or Family <input type="checkbox"/> Other (Please Specify)			
Registering Officer (Office Use Only)			
Name:	Date:	Signature:	