13 Kane Road Street (PO BOX 129) WODONGA VIC 3689
PH: 02 6059 0400 EMAIL: aware@indie.edu.au
WEBSITE: www.awareprograms.com.au
ACN: 098 711 874 ABN: 28 368 867 854

REFERRAL FORM FORM

Participant Details Full and thorough completion of Aware Programs Referral Form will streamline the decision making and subsequent intake process.			
Name		Date	
Address		Date of Birth	
NDIS Number		Plan Dates (start and end)	
Email		Phone	
Gender	Male ☐	Female ☐	Unspecified ☐

Plan Nominee / Advocate Details			
Name		Phone	
Email			

Referrer Details			
Provider Name		Contact Person	
Email		Phone	

NDIS Goals and Support Preference			
NDIS Goals	1. 2. 3. 4.		
Aware Programs Support Type	Employment 04_801_0133_5_1 Supports in Employment - Weekday Daytime ☐	Training and Lifestyles 04_102_0136_6_1 Group Activities - Standard - Weekday Daytime ☐	Both ☐

Individual Support Needs			
Please indicate any areas the Participant would require additional support while engaging with Aware Programs.			
Personal Care ☐	Behaviour Support ☐	Medication Delivery ☐	Literacy Support ☐
Meal Management ☐	Diabetes Management ☐	Mental Health ☐	Medical ☐
Manual Handling ☐	Mobility ☐	1:1 Support ☐	Other _____

Plan Type		
Agency Managed ☐	Plan Managed ☐	Self Managed ☐

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Billing Details			
Name		Phone	
Email			
About Me			
Brief history of family / living arrangements, education and previous supports			
Likes, Dislikes and Support Needs			
The completion of the Participant Intake Document and Intake Interview is required prior to the confirmation of Aware Programs' suitability for supports. **Please forward this document and any addition reports or information to aware@indie.edu.au**			