

Participants Personal Details	
Legal Name:	
Preferred Name:	
Gender:	DOB:
Country of Birth:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander
Mobile:	Landline:
Email:	
Address:	
Suburb:	Postcode:
Preferred contact method:	
<input type="checkbox"/> Mobile <input type="checkbox"/> Landline <input type="checkbox"/> Email <input type="checkbox"/> Mail	
List beliefs/ values you would like us to know about you below (things that you believe are important in the way you live such as tradition, religion, family, culture, sexual orientation etc):	
List any Support Worker preference(s) you may have (male, older, active, LGBT etc):	
Designated Care/ Emergency contact person's name:	
Relationship with Applicant:	
Mobile Phone:	Home Phone:
Are there any Guardianship/ Public Trustee/ Financial management orders in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:	

Current Living Accommodation:

Participant's Disability/ Health Details
Primary Disability:
Any other disability
Clinical Diagnosis (Mental Health):

Participant's Current Level of Support Needs
Please tick which support(s) you are enquiring about with Sapphire Support?
<input type="checkbox"/> Supported Independent Living <input type="checkbox"/> Short Term Accommodation <input type="checkbox"/> Community Participation <input type="checkbox"/> Specialist Disability Accommodation
A brief description of supports required: <small>(eg: Assistance with daily life tasks/ Mobility Equipment/ Communication or sensory impairment etc)</small>
Days and hours of support you are requiring: <small>(eg: SIL 24/7; STA 2 weeks; CP 3hrs Tuesday & Friday)</small>

NB: Please attach a recent Occupational Therapy (OT) Assessment if available.						
Level of support required (please tick):	<input type="checkbox"/>	Low care	<input type="checkbox"/>	Standard care	<input type="checkbox"/>	Complex care

NDIA Plan Details	
NDIS Participant Reference Number:	
Plan Management Type:	
<input type="checkbox"/> NDIA Managed (agency manages Participant's Plan)	<input type="checkbox"/> Self-Managed (participant manages own Plan)
<input type="checkbox"/> Plan Nominee (Guardian/ Representative of Participant manages Plan)	<input type="checkbox"/> Plan Manager (external organisation acting on behalf of Participant)
If applicable, Plan Nominee/ Plan Manager details:	
Name:	Organisation:
Email:	Phone:
Plan start date:	Plan end date:
Review date:	
NB: Please attach a copy of NDIS plan approval received from NDIA	
Referrer's Details (if applicable)	
Referrer Name:	Relationship to Participant:
Position:	Organisation:
E-mail:	Contact Number:
Address	
Signature:	Date:
Do you have consent from the participant to make this referral?	
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

Please attach the following documents where applicable:

- Approved NDIA Plan
- Consent for the NDIA to share your information
- Behaviour Plans/ Assessments
- Recent OT or Specialist Assessment
- Letter from the GP stating past and present medical history
- D/C letter if hospitalized in the last 12 months
- Safety Plan
- Mental Health Review Risk Assessment
- Any other relevant documents

Consent for release of information	
<p>I hereby give permission to Inspired Living Group Homes Pty Ltd t/a Sapphire Support to obtain verbal or written information from GPs and/or Specialists, the Community Mental Health Team, Allied Health Professionals and my family members/ Guardian or any person I authorise, concerning relevant information related to this application.</p> <p>Consent can be withdrawn any time by contacting Sapphire Support in person or by Phone on 1300 881 884 or by emailing office@sapphiresupport.com.au</p>	
Participant's Name:	
Signature:	Date:
Witness Name:	Relationship:
Signature:	Date:
<p>Verbal consent (staff use only- To be used ONLY if unable to obtain a written consent).</p> <p>I have discussed the proposed referrals with the person being referred or their authorised representative and I am satisfied that the participant understands the purposed uses and disclosures and has provided his/ her informed consent to these.</p>	
Referrer Name:	Organisation:
Position:	Contact Number:
Signature:	Date:
<p>If No Consent Available (Staff Use Only)</p> <p>In the event where the consent is not able to be obtained because the participant is too unwell or other reason, please fill the form below:</p>	
Referrer Name:	Organisation:
Position:	Contact Number:
Signature:	Date:

Thank you for your interest in receiving service from Sapphire Support. Please email this referral form and all other relevant documents to anne@sapphiresupport.com.au

We will be in touch within the next 3 business days to organise an appointment. However, in the meantime, if you have any questions about our services or require urgent support please contact **Anne Hodkinson** on **0437 007 882**.

Sapphire Support Privacy Statement

All information gathered through this application process is kept strictly confidential and will not be disclosed to any third parties outside of Sapphire Support except as may be permitted or required by law.