PARTICIPANT INTAKE / REFERRAL FORM

Together We Can International Pty Ltd (TWCI) ACN 39 638 981 450

1303D North East Rd Tea Tree Gully SA 5091
(08) 8164 6991 | admin@twci.com.au | www.twci.com.au|

TOGETHER WE CAN
INTERNATIONAL PTY LTD

Please Note: It is essential that we obtain accurate and up-to-date information. Full disclosure and as much information as possible is required for us to assess, plan, and provide the exceptional level of support we are known for. Please ensure this form is completed in its entirety and returned to admin@twci.com.au or call our office for one of our friendly staff to assist with anything you are unsure of.

REFERER DETAILS

Your Name: Position:

Your Organisation: Branch:

Relationship to Participant: Phone:

How did you hear about our Services: Do you have consent to make this referral? Y ☐ N ☐

PARTICIPANT DETAILS

Full Name: DOB: Age:

Preferred Name: Pronoun: Sex (at birth): Identifies as:

Cultural requirements: Language spoken at home:

Phone#: Email: Preferred method of contact:

Address:

Living arrangements (who do you live with):

Emergency contact: Phone: Relationship:

Secondary emergency contact: Phone: Relationship:

Third-Party Intervention (OPA,DCP):

Court orders:

Any current restrictions in place (home detention, curfew, parole, good behaviour bond)?

NDIS INFORMATION

NDIS #: Plan Start: Plan Expiry: Plan Type (self, plan, NDIA):

Plan Manager: Plan Manager Email (invoices):

Self-Managed Email Address:

Other Current NDIS Supports:

Support Coordinator: Email Address:

Behavioural Support Plan: Restrictive Practices: Y ☐ N ☐

NDIS Goals:

1.

2.

3.

SUPPORT REQUESTED

☐ SLES (School Leaver Employment Support)	☐ Weekend/School Holiday Activities	☐ Industry Insight Days
☐ Finding & Keeping a Job (FAKJ)	☐ Respite Support	☐ Path to Success
☐ Employment Support (Core Funding)	☐ Individual Mentoring Support	☐ Allied Heath
☐ Employment Support (CB)	☐ Social Groups (Programs of Support)	☐ FCA (Functional Capcity Assessment)

GOALS / OBJECTIVE OF SUPPORT REQUESTED

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EXPECTED OUTCOMES

NEEDS AND PREFERENCES

Physical needs:

Emotional needs:

Cultural/spiritual needs:

Social needs:

Health/medical needs:

PARTICIPANT PROFILE

Primary Diagnosis / Disability:

Additional conditions / Secondary Disability:

Mental health info:

General practitioner (GP):

Allied health/specialist details:

Other important contacts:

Currently attending (primary school, high school, work, other):

What does this look like (yr level, employer details, course etc):

Centrelink Support: ☐ Disability Support ☐ Jobseeker ☐ Other

Employment Service Provider Name: JSID#:

Consultant Name & contact details:

Current supports in place at home / school:

Hobbies/interests/sports/likes:

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MEDICATION & MEDICAL HEALTH

Do you take any medication? Y ☐ N ☐

List medication/s taken
(include dose & frequency):

Non-prescribed drugs you take regularly
(including illicit drug):

Smoking / vaping: Frequency:

History of drug / alcohol abuse:

Health conditions requiring active management:
(i.e. asthma, diabetes etc.) include emergency management plan

Allergies:

COMMUNICATION & MOBILITY

Mobiliy: ☐ Independent (fully mobile) ☐ Assisted (use of aids) ☐ Other:

Preferred communication method: ☐ Verbal (f2f, phone calls) ☐ Non-verbal (gestures, pointing, nodding)
☐ Written Communication (text, emails, handwritten notes) ☐ Other

Communication aids required: Y ☐ N ☐

Communication and mobility aids details:
(i.e. simple verbal communication, ACC, leg brace etc.)

INDEPENDANCE, HYGIENE & PRESENTATION

Select if relevant: Provide us with more details:

Independent toileting: ☐
Needs conătant reminding ớY l·è Ŧ2ŊƎŜú ứ2 Ǝ2ύ: ☐
Needs to wear pull-ups at night: ☐
Independent showering and personal care: ☐
Has poor hygiene: ☐
Will often refuse to shower: ☐
Will often wear the same clotheă ŜØŜy ƛŦ ŘƛŊúèY ☐

FOOD & INTOLERANCES

Select if relevant: Provide us with more details:

Will not eat in front of others: ☐
Has an eating disorder/refuses to eat: ☐
Food addiction ớie. energy drinks, junk food, sugar): ☐
Food intolerances/food allergic: ☐
Needs support to make healthier choices: ☐

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SENSORY

Select if relevant: Provide us with more details:

Suffers from motion sickness (ie. car, boat, bike): ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response/
mitigation strategy:

Sensitive to light/scared of the dark: ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response/
mitigation strategy:

Sensitive to noise (avoid large crowds & busy places): ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response/
mitigation strategy:

Extremely sensory/can become easily overloaded: ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response/
mitigation strategy:

Requires sensory simulation to calm or regulate: ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response/
mitigation strategy:

SOCIAL & COMMUICATION SKILLS

Select if relevant: Provide us with more details:

Non-verbal (minimal speech): ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response/
mitigation strategy:

Cannot verbally express how they are feeling: ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response/
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SOCIAL & COMMUNICATION SKILLS (continued)

Select if relevant: Provide us with more details:

Extremely withdrawn, will need lots of prompting: ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response/
mitigation strategy:

Can be non-verbal in certain situations or when withdraws: ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response
and mitigation strategy:

Cannot actively listen/take on verbal instructions: ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response
and mitigation strategy:

May be loud/overbearing in a group environment: ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response/
mitigation strategy:

High anxiety in social situations: ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response/
mitigation strategy:

BEHAVIOURAL & RISK

Select if relevant: Provide us with more details:

Has limited awareness of danger and safety: ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response/
mitigation strategy:

Struggle with following rules or authority: ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response/
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BEHAVIOURAL & RISK (continued)

Select if relevant: Provide us with more details:

Have a history of running away or absconding from situations: ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response/ mitigation strategy:

Overly/ inappropriately sexual (i.e. talk, conversation, touch): ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response and mitigation strategy:

Difficulty understanding personal safety or boundaries?: ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response and mitigation strategy:

Has extreme difficulty regulating emotions: ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response/ mitigation strategy:

Often has violent or aggressive outburst: ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response/ mitigation strategy:

Aggressive or physically violent if having a meltdown: ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response/ mitigation strategy:

Will calm down/ regulate if left alone: ☐

Likelihood: ☐ Almost certain ☐ Likely ☐ Possible ☐ Unlikely ☐ Rare

Immediate response/ mitigation strategy:

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BEHAVIOURAL & RISK (continued)

Signs to be aware of on the 'build-up' of heightened behaviours:

Please list ***any*** triggers for any challenging behaviours that may arise in social or challenging situations:

Support strategies if this occurs (what to do):

Have any support staff (i.e. allied health professionals, teachers, students, support workers etc.) previously been at risk, threatened with physical/verbal violence or assault whilst working with you? Y☐ N☐
If yes, when is the last time this occurred?

Have you ever engaged in property damage or destruction? Y☐ N☐ If yes, when:
Have you ever been charged with a criminal offence? Y☐ N☐
If so, provide further details:

Able to pass a national police clearance? Y☐ N☐
If no, provide further details:

Is there anyone you live with have a history of being violent or aggressive or are there any weapons including guns at the premises: Y☐ N☐
If yes, provide further details:

Are there any other safety factors we should be aware of sending our staff into the home or being away overnight? Y☐ N☐
If yes, provide further details:

Please advise of any other information you feel we should be aware of:

CONSENT FORM

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CONSENT FORM óconsent to release informationó

I authorise ***Together We Can International Pty Ltd (TWCI)*** to exchange relevant information and access necessary information about for the purpose of but not limited to:

1. Contacting previous or current service providers, support coorindators, plan managers, case managers, care workers or guardians.
2. Claifying and interpreting reports from these or other organisations directly related to the provision of supports.
3. Liaising with the Department of Human Services, the National Disability Insurance Agency (NDIA) and other service providers for reasons directly related to the provision of appropriate support. This may require ***Together We Can International Pty Ltd (TWCI)*** to share some or all of your personal information with a relevant organisation or government department.
4. Liaising and discussing matters between ***Together We Can International Pty Ltd (TWCI)*** staff including as support workers, mentors, therapist, support coordinators, plan managers or any other supporting staff who may need to be informed of your personal circumstances to ensure continuity of care and appropriate support.
5. Accessing personal records for the prupose of departmental/internal auditing and reporting processes.
6. Disclosing personal information to emergency services including police officers, amublance services, fire service officers, State Emergency Services (SES), emergency call service operators (000), health service providers or child protection services where necessary to prevent or lesen a threat to the life, health or welfare of any person.
7. Anyone else you would like to give us permission to exchange information with, please list here:

8. This consent is valid for a period of 6 months from the date of signing down below.

Photographs & Video Consent:
We seek your consent to capture photographs and videos of yourself, your child or participant while engaging in services with ***Together We Can International Pty Ltd (TWCI).*** We will take all necessary steps to ensure these images and videos are used solely for their intended purposes and stored in accordance with our privacy policy. The purposes of these photos and videos include documenting activities as a record of participation, including them in shift notes for parental or caregiver feedback, using them in publicity materials for future activities or events, incorporating them into marketing materials, leaflets, websites, presentations and utilising them for staff training and development.
If you do not wish for us to take, store or use any photographs or videos for the purposes listed above, please advise us so we can update our records accordingly (you have the right to change or withdraw your consent at any time). **CONSENT:** ☐ **Yes** ☐ **No**

Name: *(participant* **Signature:** **Date:**

Name: *(on behalf of participant)* **Signature:** **Date:**

DISCLOSURE

I confirm that I have accurately completed this registration form and have fully disclosed any challenging behaviours, triggers and strategies to manage them. If any details have been intentionally left out on this form and this results in our inability to accurately assess support needs or if you, your child or the participant is taken home from an activity, a fee will still be charged. Additionally, support may be charged at a higher rate (e.g., 1:1 support) as indicated and agreed upon in the service agreement.

Together We Can International Pty Ltd (TWCI) takes privacy seriously. The information provided on this form is used to appropriately match, support and assess whether we can provide the required level of assistance, ensuring a personalised service tailored to your, your child or the participants individual needs. Personal information collected by us is handled in accordance with the **NDIS Code of Conduct and the Australian Privacy Act 1988,** ensuring it is protected from misuse, loss, unauthorised access modification or disclosure.

Name: *(participant* **Signature:** **Date:**

Name: *(on behalf of participant)* **Signature:** **Date:**