

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 Organization: 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 to you:
Third-Party Intervention (OPA,DCP):
Court Orders:
Any current restrictions in place (home detention, curfew, parole, good behavior bond):

NDIS INFORMATION

NDIS No#: 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)	Finding & Keeping a Job (FAKJ)
Employment Support (Core Funding)	Mentoring Driving Program
Weekend Social Activities	School Holiday Activities
Social Support – Camps & Respite	Individual Mentoring Support

GOALS / OBJECTIVE OF SUPPORT REQUESTED

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PARTICIPANT PROFILE

Primary Diagnosis / Disability:

Additional Conditions / Secondary Disability:

Mental Health Info:

Medication/s: Dose: Frequency:

Medication/s: Dose: Frequency:

Non-Prescribed Drugs you take regularly (including illicit drugs):

Smoking / Vaping: Frequency:

History of Drug & Alcohol Abuse:

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

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

Centrelink Support: Disability Support Jobseeker Other

Employment Service Provider Details: JSID#:

Organization: Consultant Details:

Current Supports in Place at Home/School:

Hobbies / Interests / Sports / Likes:

Select if relevant **Tell us a little more about that**

Independent Toileting:

Needs constant reminding (may forget to go):

Needs to wear pull-ups at night:

Independent Showering & Personal Care:

Has poor personal hygiene:

Will often refuse to shower:

Will often wear the same clothes even if dirty:

Will not eat in front of others:

Has an Eating Disorder / Refuses to Eat:

Food Addictions (such as energy drinks, junk food, sugar):

Food Intolerances / Allergies:

Needs support to make healthier choices:

Requires sensory stimulation to calm or regulate:

Sensitive to Noise (avoid large crowds & busy places):

Extremely sensory can become easily overloaded:

Sensitive to light/scared of the Dark:

Physically Fully mobile (no use of aids):

Suffers from motion sickness (car, boat, bike):

Overly/Inappropriately Sexual (talk, conversation, touch):

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PARTICIPANT PROFILE (continued)

Select if relevant

Tell us a little more about that

Non-verbal (minimal speech):

Can be Non-verbal in certain situations or when withdraws:

Can verbally express how they are feeling:

Has extreme difficulty regulating emotions:

Has limited awareness of Danger/Safety:

Can actively listen and take on verbal instructions:

High anxiety in social situations:

Extremely withdrawn will need lots of prompting:

May be loud or overbearing in a group environment:

High Anxiety in Social Situations:

Often has violent or aggressive outbursts:

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

Aggressive or Physically violent if having a meltdown:

Will calm down / regulate if left alone:

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

What to do if this occurs (best scenario):

Have **any** support staff or allied health professionals, teachers, students previously been at risk, threatened with physical violence or assault whilst working with you?

If so when is the last time this occurred:

Have you ever been charged or cautioned on any acts of physical violence or property damage? If so, when:

Is there anyone at the participant's home/property with a history of being violent or aggressive or are there any weapons including guns at the premises:

Are there any other safety factors we should be aware of sending our staff into your/participants home or being away overnight with them?

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

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CONSENT FORM (consent to release information)

I authorize **Together We Can International Pty Ltd (TWCI)** to exchange relevant & access necessary information about (participant) for the purpose of but not limited to;

1. Contact previous or current Service Providers, Support Coordinators, Plan Managers, Case Managers, Care workers or guardians
2. Clarification & interpretation of Reports from these or other organizations directly related to the provision of support
3. Liaison with the Department of Human Services, National Disability Insurance Agency and other service providers for reasons directly related to the provision of appropriate support. This may require the **Together We Can International Pty Ltd (TWCI)** to pass some or all of your personal information to a relevant Organization or Government Department.
4. Liaising and Discussion between **Together We Can International Pty Ltd** staff such as support workers, therapists, support coordinators, plan managers or any other supporting staff that may need to know your personal circumstances to provide continuity of care and appropriate support.
5. Accessing personal records for the purpose of Departmental / Internal auditing & reporting processes
6. Disclosing personal information to emergency services (including police officers, ambulance, fire service officers or an officer of the State Emergency Services (SES) an operator of the emergency call service '000' health service providers, child protection services for the purpose of **Together We Can International Pty Ltd** presenting or lessening threat or harm to 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 (below)

Photographs & Video Consent:

We ask for your consent to take photographs/videos of you/ your child/participant engaging in services with Together We Can International Pty Ltd (TWCI). We will take all steps to ensure these images are used solely for the purposes they are intended and store them in accordance with our privacy policy. The purpose of participant images are for a record of the activity, to include with shift notes for the purpose of Parental or Caregiver feedback on our services and interaction with us on activities, publicity material for further activities or events, marketing leaflets, website, presentations, staff training & development.

If there is any reason you do not wish us to take, store or use any photographs or videos for the purposes listed above please indicate here so we can update our system (you have the right to change your mind in relation to consent at anytime) **Consent:** Yes No

Name: (Participant)

Signature:

Date:

Name: (on behalf of participant)

Signature:

Date:

DISCLOSURE

I advise I have answered this registration accurately, have fully disclosed any challenging behaviours, triggers for these behaviours & tips on how to manage these behaviours. If there are any details purposefully left off this form and we are unable to make our support assessments accurately as a result of non-disclosure, this may result in you/the participant being taken home from an activity and still charged and/or support potentially be charged at a higher rate of support (ie 1:1) that is indicated & agreed to in your NDIS Service Agreement.

Together We Can International Pty Ltd (TWCI) takes your privacy very seriously and uses information provided on this form to best match, support, and assess if we are able to provide the level of support required and provide personalized service based on individual information provided on this form. Personal information that is collected by **Together We Can International Pty Ltd (TWCI)** is collected, used & stored in a manner that reasonably protects it from misuse, loss, unauthorized use, modification or disclosure in line with The NDIS code of conduct & Australian Privacy Act 1988.

Name: (Participant)

Signature:

Date:

Name: (on behalf of participant)

Signature:

Date: