

TOGETHER WE DRIVE - INTAKE / REFERRAL



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 & up to date information particularly regarding participants behaviours of concern and any potential risks associated with this. The safety of all participants & staff is our priority, full disclosure and as much information as possible is required for us to assess, plan & 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:	Preferred Name:	
D.O.B:	Age:	Pronoun:
Cultural Requirements:		
Address:		
Living Arrangements:		
Preferred Method of Contact:		
Phone:	Email:	
Emergency Contact:	Relationship:	
Emergency Phone No#:		
Diagnosis/ Disability:		

Medication/s:	Dose:	Frequency:	
Medication/s:	Dose:	Frequency:	
Currently Attending:	Fulltime Work	Part Time/Casual Work	Supported Employment
	Primary School Yr	High School Yr	Home Schooling
Centrelink Support:	DSP (Disability Support Pension)	Jobseeker Payment	Other
Current Employment Provider:			
Current Supports in place at school/home:	Limited issues at school (mostly at home)	1:1 Support Required	
	Behavioural Support Plan in place		
	Limited time at school only attending	hours per day	
Other NDIS Supports currently in place:			
Hobbies / Interests / Likes:			
Dislikes /Triggers:			

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NDIS FUNDING INFORMATION

NDIS No#	Plan Expiry Date:
Plan Managed (by)	Plan Manager Email:
Self-Managed	Invoice Email Address:

SUPPORT REQUESTED

SLES (School Leaver Employment Support)	Finding & Keeping a Job (FAKJ)
Employment Mentoring (through core funding)	1:1 Mentoring / Support Work
Weekend Social Activities	School Holiday Programs
'Respite on the Murray' – Camps	'Respite on the Murray' – Day Trips

GOALS & OBJECTIVES OF SUPPORT

PARTICIPANT PROFILE

Toileting	Never	Always	Sometimes	Only at Home
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Independent Toileting

May need reminding to go regularly

Has accidents frequently

Bed Wetting

Wears pull ups or incontinence aids

Will only go to the toilet in certain places

Needs constant reminding to wash hands

Incontinent requires full assistance toileting

Showering & Personal Hygiene	Never	Always	Sometimes	Only at Home
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Independent showering & personal care

Assistance required to regulate safe temperatures

Will often refuse to shower

Needs reminding to brush teeth / brush hair

Will often wear the same clothes even if dirty

Needs Help dressing for appropriate weather

Able to dress independently

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Food Habits	Never	Always	Sometimes	Only at Home
Able to use cutlery when eating				
Will not eat food that touches on the plate				
Will not eat with others / sit at table to eat				
Must be supervised when eating at all times				
Eating disorder or strict diet in place				
Very messy eater (may require a bib)				
Other Food Habits:				
Preferred / Usual Foods:				
Food Intolerances:				
Refuses to Eat:				
Sensory Behaviour	Never	Always	Sometimes	Only at Home
Requires sensory stimulation to calm or regulate				
Cannot touch certain textures				
Sensitive to Noise (avoid large crowds & busy places)				
Extremely sensory can become easily overloaded				
Social / Communication	Never	Always	Sometimes	Only at Home
Non-verbal (very few words)				
Can verbally express how they are feeling				
Has extreme difficulty regulating emotions				
Is able to listen & actively take instruction				
Has difficulty making/maintaining friendships				
Has limited awareness of danger/safety				
Extremely withdrawn may need prompting				
High Anxiety in social situations				
Depression				
Often can be target of bullies in a social environment				
Mobility	Never	Always	Sometimes	Only at Home
Suffers from motion sickness (car, boat, bike)				
Physically fully mobile (no use of aids)				
Requires walking aids (inc prosthetics)				
Wheelchair Bound				

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Aggressive, Threatening or Violent Behaviours	Never	Always	Sometimes	Only at Home
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Is often Aggressive or threatening to **anyone**

Aggressive or physically violent if having a meltdown

Behaviour regularly escalates to physical violence

Will calm down / regulate being left alone

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

Yes	No	Unsure
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When did this last occur?

Has the participant been charged or cautioned on any acts of physical violence or property damage?

Yes	No	Unsure
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When did this last occur?

Is there anyone at the participants home/property known to be violent or aggressive?

Yes	No	Unsure
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Are there any weapons including guns kept at the premises?

Yes	No	Unsure
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Is there a history of drug or alcohol abuse?

Yes	No	Unsure
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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:

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

What to do if this occurs:

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CONSENT TO RELEASE INFORMATION

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

1. Contract previous or current Service Providers, Support Coordinators, Plan Managers, Case Managers, Care workers or guardians
2. Clarification & interpretation of Reports
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 **Together We Can International Pty Ltd (TWCI)** Department of Human Services or National Disability Insurance Agency to pass some or all of your personal information to a relevant Organizations 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. By signing this consent we would ask to freely take photographs/videos of 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 main reasons we use participant images are for a record of the activity & to include with shift notes for the purpose of; Parental or Caregiver feedback on their service and interaction with us on activities
 - Publicity material for further activities or events, marketing leaflets, website, presentations
 - Staff training & development

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 personalised 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: