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| **Title of form:** | **Healthy Mind Hub: NDIS Group Activity Referral** |

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| Referral Date |  |

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| **Details of participant being referred** | | | |
| Name: |  | Date of Birth: |  |
| Address: |  | Phone: |  |
| Email: |  | Mobile: |  |
| Interpreter Required? | Yes If yes, what language?  No | | |

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| **Details of person making referral** | | | |
| Name: |  | Organisation: |  |
| Position: |  | Division/Region: |  |
| Address: |  | Phone: |  |
| Email |  | Mobile: |  |
| Has referral been discussed with the participant? | Yes No | Can the participant be contact directly regarding this referral? | Yes No |

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| **Key decision maker (Nominee/Carer/Representative)** | | | |
| Name: |  | Phone: |  |
| Address: |  | Mobile: |  |
| Email: |  | Relationship to Participant? |  |
| Interpreter required? | Yes If yes, what language?  No | | |

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| **NDIS Plan details** | | | | | |
| NDIS number: |  | Start date: |  | End Date: |  |
| Plan attached? | Yes No, but key goal is?: | | | | |

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| **Claiming details:** | |
| Self-managed  NDIA managed via portal  Plan Manager | |
| Details of Plan Management provider: |  |

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| **Risk Assessment: Medical, Physical, Psychological and Behavioural** | | | | | | | | | |
| **Existing Medical Conditions:** | * Diabetes | | * Epilepsy | | | * Heart condition | | | * Allergies |
| * Other, Details: | | | | | | | | |
| **Physical Support Needs:** | * Wheelchair | | | * Walking Frame | | | * Other: | | |
| ***Please note: For serious medical issues, GP/medical clearance may be required for some activities*** | | | | | | | | | |
| **Psychological:** (attach safety/risk management plan if available) | | **Mental health issue/**  **diagnosis:** | | | | | | | |
| Risk of harm to self:  Yes No | | | Provide details: | | | | |
| Risk of harm to others:  Yes No | | | Provide details: | | | | |
| **Behavioural:**  (attach Behaviour management plan if available) | | * Behaviours of Concern | | | Provide details: | | | | |
| * History of Aggression/Violence | | | Provide details: | | | | |
| * Forensic History | | | Provide details: | | | | |
| **Will you be bringing a support worker to assist you whilst attending our groups?** | | | | | | | | Yes No | |

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| **Group activity required (See NDIS Group Activity calendar for full description of group)** | | | | | |
| **NDIS Group Activity Name** | | Group | No. of hours per month | Core Funding | CB Funding |
| Art and Craft Activities | Structured Art |  |  |  |  |
| Open Art |  |  |  |  |
| Art Explorers |  |  |  |  |
| Art Work Shops |  |  |  |  |
| Mind to Make |  |  |  |  |
| Wellbeing Activities | Community Lunch |  |  |  |  |
| Social Wellbeing |  |  |  |  |
| Outings |  |  |  |  |
| Stewart Lodge Outing |  |  |  |  |
| Coffee and Chat |  |  |  |  |
| Northern Pride Group |  |  |  |  |
| Dining Out |  |  |  |  |
| Mindful Yoga |  |  |  |  |
| Health Lifestyle Activities | The Good Food Group |  |  |  |  |
| Walking Group |  |  |  |  |
| 12 week Healthy Steps Course |  |  |  |  |
| Special Interest Groups | Young Adult Group (YAG) |  |  |  |  |
| GEL: Mothers Support Group |  |  |  |  |
| Are there any other types of groups that you are interested in that are not listed above? | |  | | | |
| Preferred days/times? | |  | | | |

**Please note: Our groups are funded by your NDIS package under the following:**

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| Capacity Building: Increased Social and Community Participation-Skills development in a group | 09\_007\_0117\_6\_3 |
| Core Support: Centre-Based Social and Recreational Activities – Standard needs, Ratio 1:5 | 04\_180\_0136\_6\_1 |