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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 |