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

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| Referral Date | Click here to enter text. |

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| **Details of participant being referred** | | | |
| Name: | Add text. | Date of Birth: | Add text. |
| Address: | Add text. | Phone: | Add text. |
| Email: | Add text. | Mobile: | Add text. |
| Indigenous Status | Add text. | Country of Birth | Add text. |
| Interpreter Required? | Yes  No If yes, preferred language? | | |

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| **Details of person making referral** | | | |
| Name: | Add text. | Organisation: | Add text. |
| Position: | Add text. | Division/Region: | Add text. |
| Address: | Add text. | Phone: | Add text. |
| Email | Add text. | Mobile: | Add text. |
| 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: | Add text. | Phone: | Add text. |
| Address: | Add text. | Mobile: | Add text. |
| Email: | Add text. | Relationship to Participant? | Add text. |
| Interpreter required? | Yes  No If yes, what language?  Click here to enter text. | | |

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| **NDIS Plan details** | | | | | |
| NDIS number: | Add text. | Start date: | Add date. | End Date: | Add date. |
| Plan attached? | Yes  No, but key goal is?:  Click here to enter text. | | | | |

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| **Claiming details:** | |
| Self-managed  NDIA managed via portal  Plan Manager | |
| Details of Plan Management provider: | Click here to enter text. |

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| **Risk Assessment: Medical, Physical, Psychological and Behavioural** | | | | | | | | | |
| **Existing Medical Conditions:** | Diabetes | | Epilepsy | | | Heart condition | | | Allergies |
| Other, Details: Click here to enter text. | | | | | | | | |
| **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:** Click here to enter text. | | | | | | | |
| Risk of harm to self:  Yes No | | | Provide details:  Click here to enter text. | | | | |
| Risk of harm to others:  Yes  No | | | Provide details  Click here to enter text.: | | | | |
| **Behavioural:**  (Attach Behaviour management plan if available) | | Behaviours of Concern | | | Provide details:  Click here to enter text. | | | | |
| History of Aggression/Violence | | | Provide details:  Click here to enter text. | | | | |
| Forensic History | | | Provide details:  Click here to enter text. | | | | |
| **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 |  | Add text. |  |  |
| Open Art |  | Add text. |  |  |
| Art Work Shops |  | Add text. |  |  |
| Mind to Make |  | Add text. |  |  |
| Wellbeing Activities | Community Lunch |  | Add text. |  |  |
| Social Wellbeing |  | Add text. |  |  |
| Social Outings |  | Add text. |  |  |
| Coffee and Chat |  | Add text. |  |  |
| Northern Pride Group |  | Add text. |  |  |
| Mindful Yoga |  | Add text. |  |  |
| 8 week MBSR Course |  | Add text. |  |  |
| 6 week MBSC Course |  | Add text. |  |  |
| Health Lifestyle Activities | The Good Food Group |  | Add text. |  |  |
| Walking Group |  | Add text. |  |  |
| MBSR/MBSC |  | Add text. |  |  |
| 12 week Healthy Steps Course |  | Add text. |  |  |
| Special Interest Groups | Young Adult Group (YAG) |  | Add text. |  |  |
| GEL: Mothers Support Group |  | Add text. |  |  |
| Hearing Voices Group |  | Add text. |  |  |
| Are there any other types of groups that you are interested in that are not listed above? | | Click here to enter text. | | | |
| Preferred days/times?  Are they a specific SRS group if so please specify | | Click here to enter text. | | | |

**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-TTP | 04\_180\_0136\_6\_1\_T |
| Core Support: Centre-Based Social and Recreational Activities – Complex needs , Ratio 1:5-TTP | 04\_205\_0104\_6\_1\_T |