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

|  |  |
| --- | --- |
| Referral Date | Click here to enter text. |

|  |
| --- |
| **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?  |

|  |
| --- |
| **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 |

|  |
| --- |
| **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.  |

|  |
| --- |
| **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. |

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

|  |
| --- |
| **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 detailsClick 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  |

|  |
| --- |
|  **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:**

|  |  |
| --- | --- |
| 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 |