

# REFERRAL FORM

## Community Access

NAME		Date of Birth
Applicant details		
Address		
Phone	Email	
Support Person details <span style="float: right; font-size: small;">If required (ie relative or friend who is authorised to consent on your behalf)</span>		
Name	Relationship	
Address		
Phone	Email	
Type of disability <span style="float: right; font-size: small;">Please give details</span>		
Intellectual		
Sensory		
Psychiatric		
Physical		
Other		
Support required		
Days:		Times:
Proposed Funding		
Vacancy <input type="checkbox"/>	Details	
Variation to Agreement <input type="checkbox"/>	Funding level	
DisabilityCare <input type="checkbox"/>	Funding level	
Other <input type="checkbox"/>	Details	
Health/behavioural issues		
Are there any issues which may affect your safety in the community (ie epilepsy)?		

**Additional information**

Is there any other information which may help us to assist you (ie the type of activities you enjoy, the days you are available etc)?:

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I declare that the information given above is true and complete to the best of my knowledge and I meet the Entry Criteria set out below.

**Signature**

	Signature	Date
Signature of applicant		
<b>OR</b>		
Signature of person referring		
Name	Phone	
Relationship	Email	

**Entry**

Entry into the NOSS community access program and Bluegum workcrew depends on the individual needs of a person, the availability of resources and specific entry criteria.

All applicants will be treated equally and assessed on their merits in accordance with the NOSS Anti-Discrimination Policy and the NOSS Equal Opportunity and Affirmative Action Policy.

Specific needs of people from different cultures including non English speaking and Aboriginal/Torres Strait Islander background will be taken into account.

All referrals are subject to the availability of a vacancy or appropriate funding.

**Privacy**

Any information provided on this Referral Form will be treated as private in accordance with the NOSS Privacy Policy. More information can be obtained by visiting the NOSS website at [www.nossinc.org.au](http://www.nossinc.org.au)

**OFFICE USE ONLY**

<b>Funding</b>		
Vacancy	<input type="checkbox"/>	Details
Variation to Agreement	<input type="checkbox"/>	Funding level
DisabilityCare	<input type="checkbox"/>	Funding level
Other	<input type="checkbox"/>	Details
		Confirmed:
<b>Agreed Support</b>		
Days:		Times:
Support level:	Combined <input type="checkbox"/> One to one <input type="checkbox"/>	Starting Date:
<b>Accepted / Not accepted</b>		Date
Community Access Manager		
General Manager		