



Positive Behaviour Support

INFLUENTIAL GROWTH

Referral form

PLEASE PROVIDE A SCREENSHOT OF THE RELEVANT PORTION OF THE NDIS PLAN, THE PLAN DATES TO VERIFY FUNDING & PARTICIPANTS NDIS GOALS

Date of Referral: _____

Support coordinators name: _____

Support coordinators Contact details: _____

Information

NDIS Participant

Participant Name/s: _____

Preferred name/nickname: _____

Preferred Pronoun: _____

Participant Date of Birth: _____ Participant age in years and months: _____

Participant's NDIS number: _____

Current NDIS Plan Dates: _____

Gender of participant: ☐ Male ☐ Female ☐ Other _____

Home Address: _____

Post Code: _____

Participants Phone Number: _____

Participants Email Address: _____

Indigenous Status: _____

Tribunal Appointed (yes or no): _____

Helper/Carer/Representative

Name: _____

Role or position of carer/helper or representative: _____

If organisation, please specify: _____

Phone number: _____

Email address: _____

Service Agreement/Consent Form:

Please provide details of the nominee to send out the service agreement and consent form to for signing.

Name/Role: _____

Email Address: _____

Phone number: _____



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Does the participant have any previous reports or behaviour support plans for other professionals? ☐

Yes ☐ No

Diagnosis (if applicable)	
Behaviours of Concern (e.g. aggression, attention, anxiety, self-harming, disruption, hyperactivity, Pica – eating non-edible items, self-injury, sleeping, toileting, eating, withdrawn, escape/avoidance, etc.)	
Supports needed	<input type="checkbox"/> Nonverbal <input type="checkbox"/> Verbal <input type="checkbox"/> Uses mobility supports <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Vision impaired <input type="checkbox"/> Cognitive impairment <input type="checkbox"/> Utilises sign language <input type="checkbox"/> Utilises assistance animal,
Greets people by	<input type="checkbox"/> Verbal greeting <input type="checkbox"/> High five, <input type="checkbox"/> Handshake <input type="checkbox"/> Wave to say hello?
Any known risks to workers working with the participant or on the participants premises	For example: Pets, Access issues, Decreased mobile reception, throwing of objects, physical contact.



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Schedule of Supports

Please ensure this section is completed – identify the amount of funding you would like to allocate to our services. Please contact director if you are unsure.

Improved Relationships Funding (If applicable):

Category and Line Item:	11_023_0110_7_3 Behaviour Management Plan Including Training In Behaviour Management Strategies
Hourly Rate	\$193.99 (will be indexed on July 1 2024)
Allocated Hours/units	
Total Amount Allocated	
Category and Line Item:	11_022_0110_7_3 Specialist Behavioural Intervention Support
Hourly Rate	\$214.41 (will be indexed on July 1 2024)
Allocated Hours/units	
Total Amount Allocated	
Funds managed by	NDIA managed <input type="checkbox"/> Plan Managed <input type="checkbox"/> Self-managed <input type="checkbox"/>
If plan managed, Plan manager email:	

Or please see next page if utilising Daily Activity Funding

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Daily Activity (if applicable):

Category and Line Item:	Assessment Recommendation Therapy And/or Training (Incl. AT) – Other Therapy
Hourly Rate	193.99 (will be indexed on July 1 2024)
Allocated Hours	
Total Amount Allocated	
Funds managed by	NDIA managed <input type="checkbox"/> Plan Managed <input type="checkbox"/> Self-managed <input type="checkbox"/>
If plan managed, Plan manager email:	