

**BEHAVIOUR SUPPORT SERVICES ACCESS TO SERVICE**

Participants, their guardian, service provider or other relevant party will initiate the process of requesting behaviour support services. This process may be initiated through communication, via email or telephone contact with Behaviour Consulting Services.

Following this contact, Behaviour Consulting Services will provide an electronic copy of the referral form for the referring party to complete and return to the individual accepting the referral. At times Behaviour Consulting Services will provide support in regards to completing this form.

**BEHAVIOUR SUPPORT REFERRAL FORM**

**Please note, this form should be completed when seeking Specialist Behavioural Intervention Support for an NDIS Participant.**

| **PARTICIPANT NAME** | **NDIS NUMBER** |
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| **PARTICIPANT ADDRESS** | **DATE OF BIRTH** |
|  |  |
| **CONTACT NUMBER** | **EMAIL** |
|  |  |
| **GUARDIAN NAME**  | **RELATIONSHIP** |
|  |  |
| **CONTACT NUMBER** | **EMAIL** |
|  |  |
| **PAYMENT** | **DETAILS IF PLAN MANAGED** |
| **◻ NDIA Managed****◻ Plan Managed****◻ Self Managed** | **Plan Manager:****Email Address:** |
| **NDIS PLAN DATES** |
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**BEHAVIOUR INTERVENTION SUPPORT REQUESTED**

| **SPECIALIST INTERVENTION SUPPORT****NUMBER OF HOURS** |  | **RATE** | **$214.41 per hour** |
| --- | --- | --- | --- |
| **BEHAVIOUR MANAGEMENT PLAN INCLUDING TRAINING IN BEHAVIOUR MANAGEMENT STRATEGIES****NUMBER OF HOURS** |  | **RATE** | **$193.99 per hour** |

| **ADDITIONAL INFORMATION** |
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| **CURRENT BEHAVIOUR SUPPORT PLAN** | **Y N** | **IS THE PARTICIPANT SUBJECT TO RESTRICTIVE PRACTICES?** | **Y N** |
| **ADDITIONAL INFORMATION INCLUDING SERVICE PROVIDERS AND CONTACTS** |
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| **OVERVIEW OF CURRENT SITUATION INCLUDING BEHAVIOURS OF CONCERN** |
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| **PARTICIPANT SPECIFIC CULTURAL / VALUES / RELIGION and/or PREFERENCES** |
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**PLEASE SUBMIT COMPLETED FORM**

| **EMAIL** | sara@behaviourconsultingservices.com.au  |
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