

NDIS New Enquiry Form

Parents/Guardian Information
Name: _____ Surname: _____ Relationship to child: _____ Contact number: _____ Email: _____ Address: _____ Suburb: _____ Postcode: _____
Child's Information
Child's name: _____ Surname: _____ DOB: _____ NDIS Number: _____ UR Number: _____ Goals for NDIS / Areas of concern that wanting to access RCH services for: _____ _____
Requested Service
Requested frequency and duration of aquatic physiotherapy sessions: _____ _____ Preferred aquatic physiotherapy session days and times: _____ _____
Local Area Coordinator / Early Childhood Partner
LAC/EC Premises: _____ LAC/EC Contact Person: _____ Phone No: _____ Do you have your NDIS plan approved? DATES: __/__/__ to __/__/__ <input type="checkbox"/> *YES <input type="checkbox"/> NO <i>*if YES, please ask participant to share relevant portion of plan</i>

Specifically ask, do you have funding for:

Capacity Building – therapy / physiotherapy / group intervention

\$ _____

Do you know who will be managing the funds? YES NO

Self-Managed NDIA Managed Other: _____

Other comments: _____

Treating Clinician Name:

Administration use only

Date completed:

NDIS Plan dates:

Send information on RCH NDIS services handout *YES NO

Generate referral to clinical department with 'NDIS participant' stated *YES NO

Generate RCH UR number (if required) & record in EPIC as NDIS participant

*YES NO

SERVICE AGREEMENT PLAN

Service plan entered in EPIC? *YES NO Staff: _____

Other comments: _____
