



**EduLink**  
Care. Connection. Choice.

Dear Participant/Carer/Support Coordinator,

Please complete this referral form to request developmental education or behaviour support services. Specialist behaviour support is a dedicated funding category on your NDIS plan. Developmental education is listed under 'Other Professionals' in the Allied Health funding. If you have any questions, please contact us at: [info@edulinksupportservices.com.au](mailto:info@edulinksupportservices.com.au)

*Note: This form can be completed electronically. Fields will expand as needed.*

### Client Information

<b>Full Name:</b>	
<b>Preferred Name:</b>	
<b>Date of Birth:</b>	
<b>Gender:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Preferred Contact Method:</b>	

### Referring Organisation/Individual

<b>Organisation/Individual Name:</b>	
<b>Contact Person:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Role/Relationship to Client:</b>	
<b>Reason for Referral:</b>	

### Behaviours of Concern (Required for Behaviour Support Referrals)

Please describe the behaviours of concern:

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### NDIS Participant Details

<b>NDIS Participant Number:</b>	
<b>Plan Start Date:</b>	
<b>Plan End Date:</b>	
<b>Funding Category:</b>	(e.g., Improved Daily Living, Specialist Behaviour Support)
<b>Areas of Support Sought:</b>	(e.g., Behaviour Support, Developmental Education, FBA)
<b>NDIS Goals/Objectives:</b>	
<b>Existing Assessments/Reports:</b>	
<b>Reports in Progress:</b>	

### Funding Management

<b>How is the plan managed?</b>	<input type="checkbox"/> Self-Managed <input type="checkbox"/> Plan-Managed <input type="checkbox"/> NDIA-Managed
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### Plan Manager Details (if applicable)

<b>Plan Manager Organisation:</b>	
<b>Contact Person:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	

### Support Coordination

<b>Does the client have a Support Coordinator?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Support Coordinator Name:</b>	
<b>Organisation:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>LAC Information (if applicable):</b>	



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### Medical Information

<b>Primary Diagnosis:</b>	
<b>Secondary Diagnoses:</b>	
<b>Relevant Medical History:</b>	
<b>Current Medications:</b>	
<b>Allergies:</b>	
<b>Other Medical Concerns:</b>	
<b>Current Allied Health Supports:</b>	

### Additional Information

Is there any additional information we should be aware of?

### Consent and Declaration

I confirm that I have obtained necessary consent from the client or their legal guardian to refer them to EduLink Support Services for NDIS support. I consent to EduLink Support Services collecting, using and storing the personal information provided in this form for the purpose of providing disability support services.

**I am signing this form as (please tick one):**

- The NDIS Participant
- Parent/Guardian of the NDIS Participant
- NDIS Plan Nominee
- Support Coordinator (with participant/guardian consent)
- Other (please specify): \_\_\_\_\_

<b>Print Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	
<b>Relationship to Participant:</b>	

Please forward this completed form to:

**Email:** [info@edulinksupportservices.com.au](mailto:info@edulinksupportservices.com.au)



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Our team will review the information and contact you to discuss next steps.

*Thank you for choosing EduLink Support Services.*