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NDIS Participant Information & Referral Form

Storage, Access and Correction of Personal Information

RKT Psychology is bound by and adheres to the legal requirements and Australian Privacy Principles of the Privacy Act 1988 and the Privacy Amendment (Private Sector) Act 2000.

Participant Information

First and last name:	
Preferred name:	
Gender:	
Date of birth:	
Residential address:	
Country of birth:	
Indigenous status:	<input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Not Aboriginal or Torres Strait Islander
Language(s) spoken: If an interpreter is required, please specify	
Religious Identity (if applicable):	
Primary disability (Please also include other relevant diagnoses if applicable):	
Preferred method of communication:	<input type="checkbox"/> Verbally <input type="checkbox"/> Auslan <input type="checkbox"/> Makaton <input type="checkbox"/> Combination of Auslan/Makaton <input type="checkbox"/> Non-verbal/vocalize <input type="checkbox"/> Point/Gesture <input type="checkbox"/> iPad <input type="checkbox"/> PECS <input type="checkbox"/> Other:
Support needs (if applicable):	<input type="checkbox"/> Mobility <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Memory/Cognition <input type="checkbox"/> Other:
Key support people (please select all that apply):	<input type="checkbox"/> Parent(s) <input type="checkbox"/> Grandparents <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Paid support workers/carers <input type="checkbox"/> Other:
NDIS Participant number:	
Current NDIS Plan start date:	
The NDIS funds you will be using with RKT Psychology are:	<input type="checkbox"/> NDIA-managed <input type="checkbox"/> Plan-managed <input type="checkbox"/> Self-managed
Amount of funding or number of hours you would like to use with RKT Psychology:	Click or tap here to enter text.

**Please kindly attach a copy of the relevant section of the current NDIS Plan to this Referral.*

Information of Representatives whom the Participant enlists to support with decision making (if applicable)

Name:	
Relationship to Participant:	
Residential address:	
Contact number:	
Email address:	

Name:	
Relationship to Participant:	
Residential address:	
Contact number:	
Email address:	

Referral Information

RKT Psychology requests this information from you to allow us to assess and determine if we are the best service to meet your required needs.

What is the issue you are seeking help for? (e.g., challenging behaviour, non-compliance, anxiety). Please be as specific as you can.

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How long has this issue been happening for? (e.g., recently, following an event, for X number of years, since X age)

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What strategies have you tried so far, if any?

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Have you sought help for this issue before now? If yes, what kind?

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What do you hope to achieve from therapy sessions? Please also include requirements stated in your NDIS Plan, in this section

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Please include any additional information that you feel would be helpful for us to know

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Does the Participant currently experience or engage in any of the following, that you are aware of?
Please indicate YES or NO.

- Suicidal ideation
- Self-harm related to mental health difficulties
- Psychosis (history of or current)

Privacy Statement and Declaration

Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by RKT Psychology in order to assess and administer its disability support services. Your information may only be used by RKT Psychology or given to other parties where you have agreed to that, or where it is required or authorised by law. More information about how we manage your privacy is contained in our Consent Form, which can be requested at any time from RKT Psychology.

I have been informed and consent to the use of my information in the assessment and administration of my services. I understand that this information may be provided to external agencies where I have consented to this, or where it is required by law.

I declare that all of the information I have provided in this form is, to my knowledge, true and correct.

Name of Participant or Authorised Representative	
Signature	
Date	

Thank you for taking the time to complete this form.

Please return completed form and additional information via email to rktpsychology@gmail.com

Once this is received, you will be contacted within 3 business days to inform you of the outcome of your referral.