Request for Service / Referral Form

Thank you for your interest in Edge. We welcome enquiries and referrals from people with disability, family members, guardians, Support Coordinators, disability support professionals and other service providers.

If you are interested in any of our services, please fill out the form below and email it to edge@edge.org.au. We'll be in contact with you within three business days to gather some more information and talk with you about next steps.

Your name *

First

Last

Your mobile number

Your suburb *

Your email *

If you have preferred pronouns, please let us know which ones to use

- ☐ She/her
- ☐ He/him
- ☐ They/them
- ☐ Other

How would you like us to get in touch? *

- ☐ Phone
- ☐ Email

Do you have an NDIS Plan? *

- ☐ Yes
- ☐ No

Your NDIS Plan Start date *

Your NDIS Plan end date *

Your primary diagnosis *

Your secondary diagnosis (if applicable)

Please tell us what you are being referred for *

- ☐ Employment Assistance (Finding and Keeping a Job)
- ☐ Supports in Employment
- ☐ School Leaver Employment Supports (SLES)
- ☐ Daily Living Skills
- ☐ Other (please describe) _____

What is the reason for your referral? *

Do you require any of the following?

- ☐ 2:1 support?
- ☐ Support with eating, drinking or PEG feeding?
- ☐ Support with personal care, including toileting?
- ☐ A support person who speaks a language other than English?
- ☐ A modified or wheelchair-accessible vehicle?

Do you have a preference regarding the gender of your support person?

- ☐ Male preferred
- ☐ Female preferred
- ☐ No preference

Do you have any health, behavioural, communication or safety considerations that we should be aware of to provide safe and effective support?

- ☐ Yes
- ☐ No
- ☐ Unsure

Who is completing this form? *

- ☐ Me as the client
- ☐ My guardian / representative - please provide details below
- ☐ My Support Coordinator - please provide details below
- ☐ Someone else - please provide details below

Details of person completing this form (if not the client)

Name *

First

Last

Email *

Mobile

Address *

Relationship to client (if applicable)

Which organisation are you from (if applicable)

Who should Edge contact about this referral? *

- ☐ Me as the client
- ☐ The person completing this form (if not the client)

Please let us know how you found out about us *

- ☐ Support Coordinator
- ☐ LAC / ECEI
- ☐ Family / Friend
- ☐ Allied Health or Medical Professional
- ☐ Former Edge Client
- ☐ Expo / Event
- ☐ School
- ☐ Social Media
- ☐ Google search
- ☐ Other (please describe) _____

End.