



Referral/Intake Form

ALL CHOICE DISABILITY SERVICES

ABN: 98 325 758 569

Catch phrase: "It's your choice with All Choice!"

Phone: 0412 693 759

Email: admin@allchoice.com.au

Website: www.allchoice.com.au

Operational + Postal address (WA): 3 Bronzewing Turn, Wandina WA 6530

NSW postal (occasional correspondence only): 106 Wingham Rd, Taree NSW 2430

Operating regions:

NSW: Taree / Mid Coast (established)

WA: Geraldton / Midwest (startup expansion)

Provider type:

All Choice Disability Services is an unregistered NDIS provider supporting self-managed and plan-managed participants. We operate in alignment with the NDIS Code of Conduct and relevant Australian, NSW and WA laws. We also adopt key elements of the NDIS Practice Standards as a best-practice quality and safeguards framework.



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DOCUMENT CONTROL

Document title: Referral / Intake Form

Document ID: AC_FRM_101

Version: 2.2

Effective date: 25/02/2026

Review due: 25/02/2027

Approved by: Owner/Director – Ramari Carter

Applies to: Self-managed and plan-managed participants, representatives, support coordinators

Confidentiality: External (referrer/participant-facing)

Storage location: Intake folder (secure)

ABOUT THIS DOCUMENT

This Referral / Intake Form is All Choice Disability Services' quick, friendly intake tool for NSW (Taree/Mid Coast) and WA (Geraldton/Midwest). It collects essential participant details, funding type (self-managed or plan-managed), referral sources, requested supports, and privacy consent to enable safe, coordinated services. We align with the NDIS Code of Conduct and relevant NSW/WA laws, using the core elements of the NDIS Practice Standards as best-practice guidance. The form is confidential, stored securely, and designed for both participants and referrers to streamline onboarding and ensure appropriate supports.



A) PARTICIPANT DETAILS	
Name:	
Preferred Name:	
Date of Birth:	
NDIS Number:	
NDIS plan dates:	
Address:	
Phone:	
Email:	
Preferred method of contact:	
Gender:	
Language spoken at home:	
Interpreter required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cultural considerations / preferences:	



B) REPRESENTATIVE / NOMINEE (if applicable)	
Name:	
Relationship:	
Phone/email:	
Authority scope (if known):	

C) FUNDING TYPE	
Self-managed: <input type="checkbox"/> Plan-managed: <input type="checkbox"/>	
Plan Manager (if plan-managed):	
Email for invoicing:	
Support Coordinator (if any):	
Organisation:	
Phone/email:	

E) SUPPORTS REQUESTED (TICK)	
<input type="checkbox"/> Daily living (in-home)	
<input type="checkbox"/> Community access / social participation	
<input type="checkbox"/> Transport support	
<input type="checkbox"/> Other:	
Specify if other:	
Worker preference (if any):	



<p>Other matching needs (communication, routines, pets, smoking, etc.):</p>	
<p>Known risks / safety considerations (e.g. mobility issues, seizures, allergies, behaviour concerns, environmental hazards):</p>	

F) ATTACHMENTS
<input type="checkbox"/> Copy of NDIS plan (if available)
<input type="checkbox"/> Assessments / support plan / risk info (if available)



G) PRIVACY COLLECTION NOTICE AND CONSENT TO EXCHANGE INFORMATION

All Choice collects this information to assess service suitability, plan safe supports, coordinate scheduling, and (if applicable) invoice a plan manager.

Information is handled in line with the Privacy Act 1988 (Cth). You can request access/correction.

CONSENT (TICK):

- I consent to All Choice contacting the participant/representative about supports.
- I consent to All Choice exchanging relevant information with the Support Coordinator and/or Plan Manager for service setup, safety, scheduling and invoicing.
- I do NOT consent to information sharing beyond what is required by law or to prevent serious harm.

Name:	
Signature:	
Date:	
Relationship to participant (if not participant):	