SMOOTH STRIDE SUPPORT PTY LTD

Participant Referral and Intake Form – Controlled Issue

NDIS-FORM-034 | Participant Agreement, Consent and Support Planning

Where Quality Care Meets Genuine Compassion.

Version	1.0 - Approved
Owner	Shantell Sydenham - Director
Approved by	Shantell Sydenham - Director
Effective date	28 July 2026
Planned review	28 July 2027, or earlier following material change
Status	Active - approved worker issue
Approval / effective date	28 July 2026 | Next review: 28 July 2027, or earlier following material change

Approved controlled template. Complete all participant-, worker-, event- or service-specific fields, checks, consents, clinical instructions, signatures and point-of-use authorisations that apply before relying on the completed record.

Referral is not acceptance
Smooth Stride Support will assess registration scope, capacity, competence, conflicts, funding, participant choice and safety before accepting a referral or setting a commencement date.

Referral and participant details

Referral date / urgency / preferred commencement	_____
Referrer name / organisation / role	_____
Referrer phone / email	_____
Participant name / preferred name / NDIS number	_____
Participant phone / email / address	_____
Preferred communication / language / accessible format	_____
Participant consent to referral and information collection	_____
Representative / nominee / guardian and authority	_____
Advocate / decision supporter / interpreter	_____

Requested supports

☐ 0106 Support Coordination

☐ 0107 Assistance with daily personal activities

☐ 0108 Assistance with travel / transport arrangements

☐ 0117 Development of daily living and life skills

☐ 0120 Household tasks

☐ 0125 Community, social and civic participation

☐ Other request – assess and refer if outside scope: _____

Requested days / times / frequency / location	_____

Participant goals and expected outcomes	_____
Current providers and continuity needs	_____
Plan dates / funding management / budget availability	_____
External plan manager details (if applicable)	_____
Support coordinator details (if different from referrer)	_____

Known needs, risks and urgency

Immediate safety, safeguarding or urgent service concern	_____
Health, medication, allergy or emergency alerts	_____
Mobility, manual handling or equipment	_____
Communication, sensory, cultural or access needs	_____
Home, transport, community or lone-worker risks	_____
Behaviour-related risks / specialist plan involvement	_____
Current emergency / health / mealtime / practitioner plans	_____

Scope exclusion
Do not accept a referral for specialist behaviour support, behaviour support plan development, regulated restrictive-practice implementation, Plan Management, SIL, SDA or High Intensity Daily Personal Activities under the confirmed launch scope. Provide a safe referral pathway with participant agreement.

Triage and intake decision

Check	Outcome / evidence
Requested service is within registration scope	_____
Registration approval status verified	_____
Capacity and location available	_____
Worker competence and screening available	_____
Funding / payment pathway reasonably verified	_____
Conflicts identified and managed	_____
Immediate and foreseeable risks triaged	_____
Accessible information / advocacy needs arranged	_____

☐ Proceed to assessment

☐ Proceed subject to listed conditions

☐ Waitlist with participant agreement

☐ Refer to another provider / service

☐ Decline with accessible reasons and complaint information

Decision / reasons	_____
Conditions / actions / owner / due date	_____
Participant informed how / when	_____
Director approval / date	_____

Use with / record in
If proceeding, complete NDIS-FORM-020, NDIS-FORM-023, NDIS-FORM-043, NDIS-FORM-017 and NDIS-FORM-022. Use the Participant Intake and Commencement Checklist before the first service.

Document basis and control

legacy source retained	NDIS-FORM-034-Referral Form.docx
Source SHA-256	5487A242254D22FF5D3699E192E2A1EE99D171F5EF763E71F23C2C5F5043960C
Approved controlled template. Complete all participant-, worker-, event- or service-specific fields, checks, consents, clinical instructions, signatures and point-of-use authorisations that apply before relying on the completed record.	NDIS-FORM-034, Version 0.1
Prepared for	Smooth Stride Support Pty Ltd
Director	Shantell Sydenham
Approval status	Approved controlled template. Complete all participant-, worker-, event- or service-specific fields, checks, consents, clinical instructions, signatures and point-of-use authorisations that apply before relying on the completed record.

Revision history

Version	1.0 - Approved	Change	Reason / source	Approved by
0.1	27 July 2026	legacy source retained; controlled Smooth Stride Support revision drafted	Current NDIS source review, scope alignment, accessibility and document-control update	Shantell Sydenham - Director