

Referral Form



Date ____/____/____

Please email completed form to hello@pillar.org.au

I am referring for (select one) ☐ Myself ☐ Family member ☐ Client

Service required

- ☐ Support Coordination – Level 2 ☐ Specialist Support Coordination – Level 3
☐ Individualised Living Options – Exploration and Design ☐ Psychosocial Recovery Coach
☐ Don't know

Referrer details (If self-referred, please skip and fill out details below)

First name _____ Surname _____

Organisation _____

Mobile phone _____ Other phone _____

Email _____

Preferred communication channel ☐ Mobile Phone ☐ Other phone ☐ Email

Relationship to client ☐ Partner ☐ Parent ☐ Family ☐ Carer ☐ Guardian

Other _____

I am the primary contact ☐ Yes ☐ No

Client / Participant details

First name _____ Surname _____

Gender ☐ Male ☐ Female ☐ Non-binary Other _____

Date of birth ____/____/____ Phone _____

Email _____

Street address _____

Suburb _____ Postcode _____

Preferred communication channel ☐ Phone ☐ Email ☐ Do not contact

I am the primary contact ☐ Yes ☐ No

Participant NDIS details

NDIS number _____

NDIS plan start date ____/____/____ NDIS plan end date ____/____/____

Funding available for Support Coordination \$ _____

Other relevant information

Primary contact (If Referrer or self-referred, please skip and go to section below)

First name _____ Surname _____

Mobile phone _____ Email _____

Preferred communication channel ☐ Mobile Phone ☐ Email

Relationship to client ☐ Partner ☐ Parent ☐ Family ☐ Carer ☐ Guardian

Other _____

Secondary contact

First name _____ Surname _____

Mobile phone _____ Email _____

Relationship to client ☐ Partner ☐ Parent ☐ Family ☐ Carer ☐ Guardian

Other _____

How did you hear about us?

☐ Google ☐ NDIS Register ☐ Event / Expo ☐ Friend / Family ☐ Health professional

Other _____

Reason for choosing us?

☐ Reputation ☐ Convenient ☐ Used before ☐ Service ☐ Capacity

Other _____

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Thank you.