

DESIGNER LIFE NDIS SERVICES REFERRAL FORM



Registered NDIS Provider
REGISTRATION ID: 4-FZPWZQ2

PARTICIPANT

Date: / /

First Name:	Last Name:	
Date of Birth: / /	Phone:	
Email:		
Address:		
City:	State:	Postcode:

PARTICIPANT'S REPRESENTATIVE

First Name:	Last Name:
Relationship to Participant:	Phone:
Email:	

NDIS DETAILS

NDIS No.:	Plan Review Date: / /
Does the participant have an approved NDIS Plan? YES NO	
How is the NDIS plan managed? SELF MANAGED PLAN MANAGED AGENCY MANAGED	
Plan Manager's name or Plan Manager company (IF APPLICABLE):	
Primary Contact: PARTICIPANT GUARDIAN OTHER:	
Contact method preferred: PHONE EMAIL Best time to contact you on the number provided:	
Do you have available funding? SLES FINDING AND KEEPING A JOB AMOUNT: \$	

REFERRER DETAILS (IF APPLICABLE)

First Name:	Last Name:
Role:	Agency:
Phone:	Email:

REASON FOR REFERRAL

SCHOOL LEAVER EMPLOYMENT SUPPORTS (SLES)	FINDING AND KEEPING A JOB
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✉ PLEASE EMAIL COMPLETED FORM TO: ndis@designerlife.com.au

To learn about how Designer Life will handle your personal information, refer to the [NDIS Privacy Policy](#) on our website.

NDIS Employment Support services offer tailored assistance, empowering individuals to achieve their career goals through job training, skill development, and personalised employment plans.

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🌐 www.designerlife.com.au

Designer Life
EMPLOYMENT • TRAINING • CAREERS