

Positive Behaviour Support Referral Form

Consent

Has the person consented to receiving Positive Behaviour Support services from Hunter Primary Care?

☐ Yes ☐ No

Details of the person requiring support

Title

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other (please specify):

First Name

Surname

Preferred Name

Pronouns

☐ She/Her ☐ He/Him ☐ They/Them ☐ Other:

Date of Birth

Gender *

☐ Male ☐ Female ☐ Non-Binary/Gender Fluid
☐ Different Identity:

Identifies As

☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal & Torres Strait Islander ☐ Neither

Disability (if known)

Street Address

Suburb

Postcode

Preferred method of contact ☐ Phone ☐ Email

Contact Phone Number

Email

Guardian/Next of Kin Name

Guardian/Next of Kin Phone

Details of the person completing this form

Organisation

First Name

Surname

Phone

Email

Funding details

Funding type

☐ NDIS
☐ Government Funding (non-NDIS)
☐ Organisational Funding
☐ Self Funded (Private)
☐ Other (please specify):

Complete the section below that applies to the selected funding type.

NDIS → complete "Details of NDIS Plan". All other funding types → complete "Non-NDIS / Other Funding".

Details of NDIS Plan *Complete this section only if NDIS was selected above*

Does the person have a current NDIS plan? If yes, please attach a copy of the NDIS plan with your referral

☐ Yes ☐ No

NDIS No.

Positive Behaviour Support Funding Available

NDIS Plan Start Date

NDIS Plan End Date

Is there a Behavioural Support Plan in place?

☐ Yes ☐ No

Support Category

- ☐ Capacity Building - Health & Wellbeing
- ☐ Capacity Building - Improved Daily Living
- ☐ Capacity Building - Support Coordination
- ☐ Capacity Building - Improved Relationships

Plan managed by

- ☐ NDIA Managed
- ☐ Plan Manager
- ☐ Self-Managed

Non-NDIS / Other Funding *Complete this section for Government, Organisational, Self Funded or Other funding*
What type of Behaviour Support services are you seeking?

Behaviour Support services can be delivered as flexible hourly support or bundled packages depending on your needs. Hourly support is charged at \$252.99 per hour. The hours listed below are a guide only and a tailored quote will be provided. If you're unsure, select "Not sure" and our team will assist you.

- ☐ Hourly support (flexible, targeted or short-term support)
- ☐ Functional Behaviour Assessment (approx. 6 hours)
- ☐ Interim Behaviour Support Plan (approx. 6–10 hours)
- ☐ Comprehensive Behaviour Support Plan (approx. 10–15 hours)
- ☐ Development, review and clinical oversight of behaviour support plans to ensure legislative requirements (approx. 2 hours per month)
- ☐ Monitoring, reduction and elimination of restrictive practices (approx. 2 hours per month)
- ☐ Individual skill development sessions (1 hour per session + 15 minutes preparation time)
- ☐ Liaison and coordination of case with families, care teams and other key stakeholders (approx. 1 hour per month)
- ☐ Tailored education, coaching and support for staff in the safe and evidence-based implementation of behaviour support plans (approx. 6–10 hours)
- ☐ Documentation of each occasion of care to support clinical governance and compliance (6-minute increments per occasion of service)
- ☐ Not sure – please contact me to discuss

Details for payment processing

Please provide details for payment processing (if different from the person completing this form).

Organisation
Contact Name
Phone Number
Email
ABN
Invoice Reference Number (if relevant)
Is there any other information you wish to share in relation to payment processing?
Current legal matters
To assist us with intake, can you please select any current legal matters that apply

- ☐ Family Court
- ☐ Child Protection
- ☐ AVO
- ☐ DVO or other legal matters
- ☐ I do not have any current legal matters
- ☐ Other (please specify):

Referral information
Is there any other information about this referral that you wish to share?

How did you hear about Hunter Primary Care's Positive Behaviour Support service?

- ☐ Support Coordinator
- ☐ Local Area Coordinator (LAC) or NDIA
- ☐ GP or Health Professional
- ☐ Government Agency
- ☐ Community Organisation
- ☐ School
- ☐ Out of Home Care Provider
- ☐ Hunter Primary Care Staff
- ☐ Google Search
- ☐ Social Media
- ☐ Radio, Newspaper or Publication
- ☐ Family Member, Friend, Carer or Another Participant
- ☐ Information Session or Webinar
- ☐ Community Event or Expo
- ☐ Workplace Visit or In-Service
- ☐ Other (please provide details):

Privacy

We collect, use and disclose your personal information for the primary purpose of administering the Hunter Primary Care services you have requested. Submission of this form implies consent on behalf of the person named to engage with the service. Information is handled in accordance with Hunter Primary Care's Privacy Policy.

What happens next?

Once this referral is allocated to our Hunter Primary Care's Positive Behaviour Support team, we will make contact to develop a Service Agreement. The agreement will need to be approved and signed before any services commence. We will work with the person and their decision maker to ensure the agreement meets their needs to organise the best supports available.

For any additional information or assistance contact Hunter Primary Care's friendly team on (02) 4925 2259 or email concierge@hunterprimarycare.com.au