Group Based Training Referral Form

Plena Healthcare

Click here for the **NDIS Allied Health Referral Form** Click here for the **In-Home Allied Health Referral Form**

136 033 community@plenahealthcare.com.au **Date of referral:** _____

Referring Company Details *Required to process referral

Name: _____ **Email Address:** _____

Company: _____ **Postal Address:** _____

Phone Number: _____ _____

Referring Party *Required to process referral

☐ NDIS Service Provider ☐ Home Care Provider ☐ Other (please specify) _____

Provider Name: _____ **Invoice Contact Name:** _____

Coordinator's Name: _____ **Email Address for Invoices:** _____

Training Type *Required to process referral

Group Manual Handling
On-site Group Training, maximum IO participants

☐ Home Care ☐ NDIS

Select Participant Type

☐ Care or Support Worker ☐ General Services Officer (GSO)

Would you like 'Demonstration Only' or 'Competency Based Assessment Training' options?

☐ Demonstrated Training ☐ Competency Assessed Training

Number of staff per session: _____

Number of sessions required: _____

Location(s): Note the location is to be sourced by referring party

_____

_____

Additional Information *Required to process referral

(For NDIS: please note if the training will be conducted at participants residence or a SIL/SDA accommodation)

Preferred date and time: _____

Key contact person: _____

Phone contact: _____ **Email contact:** _____

Equipment required on the day

Care Worker / Support Worker Requirements

Please confirm and ensure you will have the following equipment made available on the day:

- ☐ TV/Screen/Room
- ☐ Connectivity cord
- ☐ Walking frame
- ☐ Slide sheet
- ☐ Full Body sling/s (4WW & PUF)
- ☐ Hygiene sling/s
- ☐ Stand lifter sling
- ☐ Full hoist lifter
- ☐ Manual wheelchair
- ☐ Chair with arm rest x2
- ☐ Electric bed
- ☐ Stand lifter
- ☐ Mop
- ☐ Vacuum
- ☐ HandyBar
- ☐ Car

Any comments about the equipment you require / have:

GSO Requirements

Please confirm and ensure you will have the following equipment made available on the day:

- ☐ Training Room
- ☐ Trolley
- ☐ Mop and bucket
- ☐ Screen and connectivity cord
- ☐ A box (to pick up and place on a bench)
- ☐ Anything specific to a workplace should be flagged in advanced

Any comments about the equipment you require / have:

Other Relevant Information**

All referrals to be sent directly to **community@plenahealthcare.com.au** for triage and processing.