

Application for Therapy Services

To be completed by Applicant or relevant Carer/Guardian.

Therapy Services – tailored to meet your individual goals

Please tick the services or supports that you would like to access.

Our team includes: Speech Pathology, Occupational Therapy, Psychology, Specialist Teachers

<input type="checkbox"/> Diagnostic Services (up to 12 years of age)	<input type="checkbox"/> Early Childhood Therapy Services (0 – 7 years)	<input type="checkbox"/> School Therapy Services (7 – 17 years of age)	<input type="checkbox"/> Adult Therapy Services (18+ years)
<p>Our diagnostic service is based at the University of Western Australia, in Crawley.</p>	<p>This may include:</p> <ul style="list-style-type: none"> • Direct Therapy at home, school, the community or our centres • Intensive weekly group and individual therapy • School Holiday Therapy Programs • Parent Training (including Hanen) • Specialist Behaviour support • Specialist Communication support 	<p>This may include:</p> <ul style="list-style-type: none"> • School Therapy/visits • Home Therapy/visits • After school skills groups • School Holiday Therapy Programs • Specialist Parent training (including Hanen) • Specialist Behaviour support • Specialist Communication support • Employment skills • Transition Planning and support 	<p>This may include:</p> <ul style="list-style-type: none"> • Build skills for independence • Development of social networks / relationships • Support to increase participation at home and in the community • Employment skills • Specialist Behaviour support • Specialist Communication support

Where would you like the therapy delivered in the Perth Metro Area? (Not applicable for Diagnostic Services)

- Our Centres (Shenton Park, East Fremantle, Bedford, Midland, Joondalup, Gosnells, Waikiki)
 Home Childcare School Community Other: _____

Regional families are encouraged to complete our Regional Expression of interest form for services in their area.

Would you like information about other Services we offer?

- Employment (15+ years of age) Short Breaks for children (6-17 years of age)
 Housing and supported living for adults with Autism Community access In-home support

For more information about our services, visit our website: www.autism.org.au

Applicant Information [Person intending to access service]

Given Name: _____ Surname: _____
 Date of Birth: _____ Gender: _____
 Home Address: _____
 Suburb: _____ Post code: _____
 Individual lives: with family alone with others
 Name & Suburb of School (if applicable): _____

Carer Contact Information *(parent/carer/legal guardian)*

Primary Carer:

Name: _____ Surname: _____

Phone: _____ Email: _____

Relationship to applicant: _____

Home Address:
(if different from above)

Suburb: _____ Post code: _____

Alternative Contact:

Name: _____ Surname: _____

Phone: _____ Email: _____

Relationship to applicant: _____

Home Address:
(if different from above)

Suburb: _____ Post code: _____

When is the best time to contact you
to discuss this referral?

What is your preferred contact method? Phone Email

Medical Information

Primary Diagnosis: _____

Secondary Diagnosis: _____

Other Medical Conditions: _____

Culturally And Linguistically Diverse (CALD) Information

Does the individual come from a culturally and linguistically diverse background?

Yes (please complete this section) No (do not complete this section)

Is the individual of Aboriginal or Torres Strait Islander descent? Yes No

Do you require an interpreter for parent meetings, assessments etc.? Yes No

Individual's country of origin: _____

Primary language spoken at home: _____

Other languages spoken at home: _____

Reason for Referral

Funding Intended to Use (tick all that apply):

- Dept. of Communities (formerly DSC) state place Dept. of Social Services (HCWA for children 0-7 years)
-
- NDIS WA NDIS Private Unsure

Access to services will be subject to funding and eligibility. Eligibility for government disability funding may be dependent on an individual's current Australian residency status, age, residential address and diagnosed disability. The Autism Association of WA provides therapy services primarily to individuals diagnosed with Autism Spectrum Disorder.

Consent

I hereby consent for the applicant to:

- be assessed for eligibility to receive services from the Autism Association of WA
- to receive electronic news, resource information and other updates from The Autism Association of WA

Signed:

Applicant / Parent / Legal Guardian name:

Date:

Please return your completed form to:

The Autism Association of WA
Locked Bag 2, SUBIACO WA 6904

Or email: therapyservices@autism.org.au

We will be in touch soon. In the meantime please think about your goals and what you would like to achieve.

We look forward to you being part of our Team.

We dream BIG for each individual!

Service Providers obligations under the Privacy Act 1988

All Disability Professional Service Providers are bound by the Privacy Act 1988. As such, The Autism Association of WA undertake to adhere to the National Privacy Principles which appear in Schedule 3 of the Privacy Act; which regulate how we may collect, use, disclose and store personal information and how individuals may access and correct personal information held about them. For further information please refer to www.privacy.gov.au or www.comlaw.gov.au