

Therapy Services - Enquiry Form

To be completed by Applicant or relevant Carer/Guardian.



Applicant Information

Person intending to access service

GIVEN NAME

SURNAME

DATE OF BIRTH GENDER

HOME ADDRESS

PHONE NUMBER (if applicable)

SCHOOL (if applicable)

YEAR AT SCHOOL (if applicable)

Primary Contact

Parent/Carer/Legal Guardian

GIVEN NAME

SURNAME

EMAIL ADDRESS

HOME ADDRESS (if different from applicant)

PHONE NUMBER

RELATIONSHIP TO APPLICANT

Therapy Services – tailored to meet your individual goals

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

Diagnostic Services (up to 12 years of age)

Our diagnostic service includes assessment by a Consultant Paediatrician (if required), Speech Pathologist and Clinical Psychologist.

Early Childhood Therapy Services (0 – 7 years)

This may include: direct therapy at home, school, the community or our centres, intensive weekly group and individual therapy, school holiday therapy programs, parent training, specialist behaviour support, specialist communication support.

School Therapy Services (7 – 17 years of age)

This may include: school or home therapy/visits, after school social skills groups, school holiday therapy programs, specialist parent training, specialist behaviour support, specialist communication support, employment skills, transition planning and support.

Adult Therapy Services (18+ years)

This may include: 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.

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When accessing therapy services I would like my therapy supports delivered (tick all that apply)
(Not applicable for Diagnostic Services)

Our Therapy Centres

Home

School

Childcare

Community

OTHER (please specify)

Funding Intended to Use (tick all that apply)

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.

Dept. of Communities

(formerly DSC) state place

Dept. of Social Services

(HCWA for children 0-7yrs)

NDIS

WANDIS

Private

(Early Intervention only)

Unsure

Culturally And Linguistically Diverse (CALD) Information

YES

NO

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

Do you (or the applicant) require an interpreter for meetings/assessments (etc)?

What is the primary language spoken at home?

Reason for Referral

Consent

I hereby consent for the applicant or myself 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

Click here to submit your enquiry

OR

email your enquiry: therapyservices@autism.org.au

mail your enquiry: The Autism Association of WA

Locked Bag 2, SUBIACO WA 6904

Please note: some web browsers will not allow you to submit directly from the page. You can save the form to your computer to enable this feature.