



# Empower Possibility Supports - Peer Mentor Referral Form

**Participant First Name:**  **Participant Phone:**

**Participant Surname:**  **Participant Email:**

**Preferred Name:**  **Disability:**

**NDIS Number:**  **English Speaking:**

**DOB:**  **Main Language:**   
(dd/mm/yyyy) (if not English)

**Gender:**  **Preferred Pronouns:**

**Address Line 1:**

**Address Line 2:**

**Suburb:**

**State:**  **Postcode:**

## Primary Contact Details

**Name:**

**Relationship:**

**Email:**

**Phone:**



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NDIS Plan Dates:  to:  PACE/PRODA Plan:

NDIS Goals (include what you want to get out of your Peer Mentor supports):

Interests & Hobbies:

How is your Plan managed?  Plan Manager Name:

Preferred Gender:  Plan Manager Number:

Session Timeslot:  Plan Manager Email:

Preferred Day, Time & Frequency:

Support Coordinator Details:

Funding Breakdown for Peer Mentoring:



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**Medical Conditions / Food Allergies / Intolerances:**

**Challenges / Triggers / Fears / Risk of Absconding:**

**Travel Considerations & Pick Up Location:**

(e.g., participant can drive, participants needs a booster seat etc.)

**Current Living Circumstances:**

(e.g., living at home with parents, living with housemates, SIL etc.)

**Necessary Additional Information:**

**Emergency Contact Details if not Primary Contact:**

**Referrer's Details:**

**Behaviour Support Practitioner Details (if applicable):**