

Non-Electronic Communication Aids Request Form

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If you require assistance choosing a PODD book that is right for your child / customers' needs do not continue with this form and call 9381 0600 to speak with our team.

Person Completing this Form

Name: _____ Relationship to Client: _____
Contact Number: _____ Email: _____

Customer Information

Name: _____ DOB: _____ Gender: _____
Address: _____
Contact Number: _____ Email: _____

NDIS Information

(If you will be paying privately do not fill in this section)

NDIS Number: _____ Plan Start Date: Start date. End Date: End date.

Funding Type: Self-Managed NDIS Managed Plan Managed

NDIS Goals:

Primary Therapist

Name: _____ Organisation: _____
Contact Number: _____ Email: _____

Non-Electronic Communication Aids Request Form

Type of non-electronic communication aid required

- Multilevel communication book / flip book
- Activity Based Board
- Core Vocabulary Board
- Communication Passport
- Visual Schedule
- Alphabet Board
- Other (please specify)

Request Description

Any useful information regarding the request. Follow up communication will be completed to discuss this further.

Consent:

Do you give consent to Indigo recording your information? **YES** **NO**

Do you give consent to Indigo to liaise with your primary therapist? **YES** **NO**

I understand that I can withdraw my consent at any time, however I understand that this could impact my service delivery

Full Name: _____

Date: _____ Date signed.

X
