

## AQA Service Engagement Request Form

**Section 1: Please complete this section for a preliminary assessment of and/or to enquire about AQA's capabilities, capacity and experience to meet the Service Engagement Request.**

Client Details			
<b>Name</b>			
<b>Address</b>			
<b>Location of services if different to address</b>			
<b>Contact Details</b>	<b>Phone:</b> <input style="width: 150px;" type="text"/>	<b>Email:</b> <input style="width: 150px;" type="text"/>	
<b>Disability / Diagnosis Primary &amp; Secondary</b>			
<b>Gender</b>	Female: <input type="checkbox"/> Male: <input type="checkbox"/> Decline to answer: <input type="checkbox"/>	<b>DOB:</b> <input style="width: 80px;" type="text"/>	Other (Specify): <input style="width: 150px;" type="text"/>
<b>Are you of Aboriginal or Torres Strait Islander origin?</b>	Yes, Aboriginal: <input type="checkbox"/> Yes, Torres Strait Islander: <input type="checkbox"/> No: <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander: <input type="checkbox"/> Decline to answer: <input type="checkbox"/>		
<b>Do you speak a language other than English?</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Language (Specify): <input style="width: 150px;" type="text"/> Do you require an interpreter: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Details: <input style="width: 150px;" type="text"/>		
<b>Do you have any cultural or religious requirements that apply to the provision of services?</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Details: <input style="width: 150px;" type="text"/>		
<b>When are services required?</b>	Date: <input style="width: 150px;" type="text"/>	ASAP <input type="checkbox"/>	
	Ongoing <input type="checkbox"/>	Short Term <input type="checkbox"/>	Periodically <input type="checkbox"/>
<b>Other information relevant to Service Request</b>			
<b>How did you hear about AQA?</b>	Website <input type="checkbox"/> Social Media <input type="checkbox"/> Word Of Mouth <input type="checkbox"/> Other <input type="checkbox"/> Details: <input style="width: 150px;" type="text"/>		

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Approval authority: Chief Executive Officer

Contact officer: Human Resources Advisor

### Services & Supports

<input type="checkbox"/>	Personal Care	<input type="checkbox"/>	Capacity Building Activities	<input type="checkbox"/>	Community Access
<input type="checkbox"/>	Household Support	<input type="checkbox"/>	Assistance with Transport	<input type="checkbox"/>	Therapy Support
<input type="checkbox"/>	Support Coordination	<input type="checkbox"/>	Peer Support Service	<input type="checkbox"/>	SCI Information Service
<input type="checkbox"/>	SCI Community Networks	<input type="checkbox"/>	Personal Development	<input type="checkbox"/>	Newslink
<input type="checkbox"/>	NDIS Pre Planning	<input type="checkbox"/>	NDIS Navigation	<input type="checkbox"/>	Pathways to Employment post SCI
<input type="checkbox"/>	Other				

### Schedule of Proposed Services - If relevant to Service Request

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>AM</b> 6am-12pm							
<b>Afternoon</b> 12pm-8pm							
<b>Evening</b> 8pm-6am							
<b>Sleepover</b>							
<b>Active Overnight</b>							
<b>Other</b>							
<b>Notes</b>							

*If service times are known, please enter times in the relevant day / sections. If service times are flexible, please indicate services required during these times by entering a ✓ in the relevant day / sections.*

### Referrer Details

<b>Referrer Name</b>			
<b>Relationship</b>			<b>Organisation:</b> <input type="text"/>
<b>Contact Details</b>	<b>Phone:</b> <input type="text"/>	<b>Email:</b> <input type="text"/>	
<b>Consent</b>	Has client consented to referral Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
<b>Client Representative</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<b>Guardianship Order:</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Name of Representative</b>	<input type="text"/>		<b>Relationship:</b> <input type="text"/>

Funding					
<input type="checkbox"/>	NDIS	<input type="checkbox"/>	DHHS	<input type="checkbox"/>	TAC
<input type="checkbox"/>	Workcover	<input type="checkbox"/>	Continuity of Supports (CoS)	<input type="checkbox"/>	Brokerage
<input type="checkbox"/>	Private	<input type="checkbox"/>	Other:		

**Section 2: Upon request & depending on service type request, please complete this section to proceed to an assessment.**

Communication	
<b>Client Preferred Method of Contact?</b>	Home Phone: <input type="checkbox"/> Mobile: <input type="checkbox"/> Email: <input type="checkbox"/> Post: <input type="checkbox"/> SMS: Yes <input type="checkbox"/> No <input type="checkbox"/> No communication directly with client: <input type="checkbox"/>
<b>Representative Preferred Method of Contact?</b>	Not Applicable: <input type="checkbox"/> Home Phone: <input type="checkbox"/> Mobile: <input type="checkbox"/> Email: <input type="checkbox"/> Post: <input type="checkbox"/> SMS: Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Address (If Different to client?)</b>	

Emergency Contacts		
Name	Relationship	Contact Details
1		Ph:
2		Ph:
3		Ph:
<b>Is there a personal / emergency Alarm?</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Details:	Ph:

Planning & Support Contacts (ie; LAC, Support Coordinator, Case Manager, Funding Body, Other Agencies)		
Name	Role & Organisation	Contact Details

### Funding Administration

<b>Funding Body</b>		<b>Funding/Plan Ref #</b>	
<b>How is Your Funding Managed?</b>	Agency Managed: <input type="checkbox"/> Self Managed: <input type="checkbox"/> Financial Intermediary / Administrator: <input type="checkbox"/> Other: <input type="checkbox"/>		
<b>Plan Administrator</b>			
<b>Contact Person</b>			
<b>Billing Address</b>			
<b>Contact Number</b>			
<b>Email</b>			
<b>Other detail</b>			
<b>Funding Plan &amp; Goals Shared</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Details:		

### Support Needs Profile

<b>Communication</b>	Independent <input type="checkbox"/>	Partial Assistance <input type="checkbox"/>	Full Assistance <input type="checkbox"/>	
	Self Direct <input type="checkbox"/>	Equipment Needed <input type="checkbox"/>		
	Description:			
<b>Transfers</b>	Independent <input type="checkbox"/>	Partial Assistance <input type="checkbox"/>	Full Assistance <input type="checkbox"/>	
	Self Direct <input type="checkbox"/>	Equipment Needed <input type="checkbox"/>		
	Description:			
<b>Mobility</b>	Independent <input type="checkbox"/>	Partial Assistance <input type="checkbox"/>	Full Assistance <input type="checkbox"/>	
	Self Direct <input type="checkbox"/>	Equipment Needed <input type="checkbox"/>		
	Description:			
<b>Community Access</b>	Independent <input type="checkbox"/>	Partial Assistance <input type="checkbox"/>	Full Assistance <input type="checkbox"/>	
	Self Direct <input type="checkbox"/>	Equipment Needed <input type="checkbox"/>		
	Description:			
<b>Bathing &amp; Showering</b>	Independent <input type="checkbox"/>	Partial Assistance <input type="checkbox"/>	Full Assistance <input type="checkbox"/>	
	Self Direct <input type="checkbox"/>	Equipment Needed <input type="checkbox"/>		
	Description:			
<b>Personal Hygiene / Grooming</b>	Independent <input type="checkbox"/>	Partial Assistance <input type="checkbox"/>	Full Assistance <input type="checkbox"/>	
	Self Direct <input type="checkbox"/>	Equipment Needed <input type="checkbox"/>		
	Description:			

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<b>Toileting</b>	Independent <input type="checkbox"/>	Partial Assistance <input type="checkbox"/>	Full Assistance <input type="checkbox"/>
	Self Direct <input type="checkbox"/>	Equipment Needed <input type="checkbox"/>	
Description:			
<b>Meal Assistance</b>	Independent <input type="checkbox"/>	Partial Assistance <input type="checkbox"/>	Full Assistance <input type="checkbox"/>
	Self Direct <input type="checkbox"/>	Equipment Needed <input type="checkbox"/>	
Description:			
<b>Household Chores</b>	Independent <input type="checkbox"/>	Partial Assistance <input type="checkbox"/>	Full Assistance <input type="checkbox"/>
	Self Direct <input type="checkbox"/>	Equipment Needed <input type="checkbox"/>	
Description:			
<b>Shopping / Errands</b>	Independent <input type="checkbox"/>	Partial Assistance <input type="checkbox"/>	Full Assistance <input type="checkbox"/>
	Self Direct <input type="checkbox"/>	Equipment Needed <input type="checkbox"/>	
Description:			
<b>Medication Assistance</b> <i>As per AQA's self-directed medication policy</i>	Independent <input type="checkbox"/>	Partial Assistance <input type="checkbox"/>	Full Assistance <input type="checkbox"/>
	Self Direct <input type="checkbox"/>	Equipment Needed <input type="checkbox"/>	
Description:			
<b>Other</b>	Independent <input type="checkbox"/>	Partial Assistance <input type="checkbox"/>	Full Assistance <input type="checkbox"/>
	Self Direct <input type="checkbox"/>	Equipment Needed <input type="checkbox"/>	
Description:			
<b>Other</b>	Independent <input type="checkbox"/>	Partial Assistance <input type="checkbox"/>	Full Assistance <input type="checkbox"/>
	Self Direct <input type="checkbox"/>	Equipment Needed <input type="checkbox"/>	
Description:			

Environment	
<b>Where will services be provided? Indicate if more than 1.</b>	Home <input type="checkbox"/> Workplace <input type="checkbox"/> Community <input type="checkbox"/> Other residence <input type="checkbox"/> Other:
<b>Type of dwelling?</b>	Single Storey <input type="checkbox"/> Double Storey <input type="checkbox"/> Flat/Unit <input type="checkbox"/> House <input type="checkbox"/> Stairs <input type="checkbox"/> Other:
<b>Who else lives in / visits the environment?</b>	
<b>Are there any animals?</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Is assistance caring for animals required Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Parking for staff</b>	Is free parking available Yes: <input type="checkbox"/> No: <input type="checkbox"/> Onsite <input type="checkbox"/> Offsite <input type="checkbox"/> Permit Required <input type="checkbox"/> Other <input type="checkbox"/> Details:
<b>Client understands they will need to undergo a site visit and OH&amp;S Check</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Client understands they are responsible for providing personal protective equipment (gloves)</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Transport	
<b>Is assistance with transport required?</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Type of transport?</b> <i>As per AQA's transport policy</i>	Client Vehicle driven by Client <input type="checkbox"/> Client Vehicle driven by Staff <input type="checkbox"/> Staff Vehicle <input type="checkbox"/> Public Transport <input type="checkbox"/> Taxi <input type="checkbox"/> Other:

Behavioural Support Needs	
<b>Are there any behavioural support needs?</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Are there any restrictive interventions?</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes; Chemical <input type="checkbox"/> Mechanical <input type="checkbox"/> Restraint / Seclusion <input type="checkbox"/>
<b>Presenting behaviours</b>	Wanders / Absconds <input type="checkbox"/> Self Harm <input type="checkbox"/> Property Damage <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Sexualised <input type="checkbox"/> Other:

Staffing Preferences	
<b>Are there any staffing preferences?</b> <i>Please note that while reasonable efforts are made to match staff based on preferences, AQA cannot discriminate based on age, sex (except where AQA has VCAT exemption), race, culture or religion.</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Description:

Additional Information	
<b>Is there any additional information you feel is relevant to the Service Engagement Request?</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Description:

To the best of my knowledge, the information contained in this Service Engagement Request is true and correct. I will notify AQA if circumstances change.			
<b>Client</b>		<b>Date:</b>	
<b>Representative</b>		<b>Date:</b>	

For more information please contact the AQA Service Engagement Coordinator on 03 9489 0777

Please return completed form to: [serviceengagement@aqavic.org.au](mailto:serviceengagement@aqavic.org.au)