



Individual Advocacy Referral Form

Details of person with the disability

Title: _____ Preferred Name: _____

First Name: _____ Gender: _____

Surname: _____ Pronouns: _____

Date of Birth: _____

Address: _____

Postcode: _____

Home Number: _____ Mobile Number: _____

Email Address: _____

How would you prefer to be contacted by Explorability?

Telephone Email Text Message Other: _____

What is your disability/disabilities? _____

Are you an Australian or Permanent resident? Yes No

Do you identify as being:

- Of Aboriginal and/or Torres Strait Islander background?
- Culturally and Linguistically Diverse? _____ (please indicate ethnicity)
- None of the above
- Prefer not to disclose

What is the main language you speak at home? _____

Do you require an interpreter? Yes No

Do you sign, use a communication device or use another form of assistance to communicate? Yes No

If yes, please provide details: _____

Do you have any other communication needs? _____

What is your primary source of income?

- Employment Disability Support Pension Compensation payments
- Job Seeker No income Other: _____

Are you eligible for the NDIS?

- Yes, I have an NDIS plan Yes, I am waiting for my planning meeting
- Unsure, I haven't applied yet Unsure, awaiting outcome of Access Request
- Unsure, I wish to re-apply No, I am not eligible

Do you have a Guardianship and/or Administration Order? Yes No

If yes, please provide a copy of the Order.

Advocacy support required

What are the issues you are seeking advocacy for?

Are there any safety concerns which Explorability should be aware of? (Please note this does not affect access to advocacy from Explorability)

Collection, storage and release of information

Explorability collects and securely stores personal information during the referral process to ensure a high quality of service.

Explorability will only provide your personal information to, or discuss your situation with, individuals or organisations where:

- you (or your guardian, where applicable) have given your consent
- it would put you or another person at risk if the information was not released.
- Explorability is required to do so by law

All personal information is protected under the Commonwealth Privacy Act 1988. De-identified information is provided to Department of Communities regarding the service and hours provided, age, disability and cultural background.

Consent remains valid for the duration of the service, and you have the right to withdraw consent at any time.

Please sign below to indicate that you agree to this referral, including the collection, storage and release of information as outlined above.

Signature of individual/Guardian: _____ Date: _____

For service providers / referrers:

Name of referrer/person completing this form: _____

Relationship to person with disability: _____

Please sign to confirm that the person/guardian has consented to this referral, including the collection, storage and release of information as outlined above.

Signature of referrer: _____ Date: _____