

To request a service please return this form to [info@solve.org.au](mailto:info@solve.org.au)

Client	Project contact
First name: _____	Name: _____
Surname: _____	Phone / email: _____
DOB: _____	<b>Requested by:</b>
Address: _____	Name: _____
_____	Phone: _____
Phone: _____	Email: _____
Email: _____	Relationship: _____
Gender: _____	

Agent / Therapist	Details of your request:
First name: _____	_____
Surname: _____	_____
Position: _____	_____
Organisation: _____	_____
Phone: _____	_____
Email: _____	_____

**Payer details (if known)**

NDIS Reference no.: \_\_\_\_\_ NDIS Plan end date: \_\_\_\_\_

Self-funding      TAC      Free OT Assessment - Employment or University      Other funding

**About you**

**Are you of Aboriginal or Torres Strait Islander heritage?**

Yes Aboriginal      Yes Torres Strait Islander      Yes both      No

**Language/communication spoken at home:** \_\_\_\_\_ **Do you need an interpreter?**      Yes      No

**Diagnosis:** \_\_\_\_\_

**Is the client aware of this request?**      Yes      No      I am the client

**Address of service if different from above:** \_\_\_\_\_

**Policies**

Information entered on this page is collected for the sole purpose of enabling us to provide our service. It will not be sold to a 3rd party. (Read more in our privacy policy). In accordance with Privacy legislation, before contacting other people Solve is required to first contact the client to obtain relevant consents. If you are submitting this request on someone else's behalf, it is your responsibility to indicate the most appropriate method for us to contact them. I understand Solve will keep me and the client updated about their services and I can opt-out of receiving information at any time. By submitting this form, I understand and agree to the above.

Name of person submitting form: \_\_\_\_\_ Date: \_\_\_\_\_