



IDENTIFY DOCUMENT REFLECT ACHIEVE

Referral Form

Participant's Details

First Name:

Last Name:

Preferred Name:

Date of birth:

Participant Contact Number:

Participant Email Address:

Home Address:

Preferred contact: Participant Support Coordinator Referrer Nominee

Participant NDIS Details

NDIS Number:

Companion Number:

NDIS Plan Start Date:

NDIS Plan End Date

Plan Management

Plan Manager:

Contact Number:

Email:

Participants Disability Details

Please specify here:



Support Coordinator

Name:

Organisation:

Contact Number:

Email:

Referrers details

Name:

Email:

Contact Phone Number:

Agency/Organisation:

Nominee's details

Name:

Contact number:

Relationship:

Goals & Services

Encapsulator offers a stigma-free zone for participants to freely discuss their current feelings and give their future selves some positive self-talk. We wish to encourage Participants to speak out, while giving them the tools to do so. Encapsulator provides safety and a private and secure space for Participants to undertake expert-designed Mental Health programs

What is the participant wanting to achieve?

Are they excited to use the Virtual Journaling Tool and do they know what is ? Please click the link <https://encapsulator.io/how-it-works/>

Please select 1 or more

- | | |
|---|---|
| <input type="checkbox"/> Psychosocial recovery coaching | <input type="checkbox"/> Gratitude workshops |
| <input type="checkbox"/> Community Therapy | <input type="checkbox"/> Mindfulness Classes |
| <input type="checkbox"/> Life skill sessions | <input type="checkbox"/> Act of Kindness |
| <input type="checkbox"/> Meditation group | <input type="checkbox"/> Combatting Isolation Classes |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Online 1 on 1 workshops Face |



encapsulator

Digital Time Capsules

General Notes: Please write any information you think we need to know about yourself/the participant

THANK YOU

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W: www.encapsulator.io