



Regional Services

151 Greenhill Road
Parkside SA 5063
PO Box 261
Fullarton SA 5063
T: (08) 8172 9203
F: (08) 8172 9201

E: regionalservices@novita.org.au

Request for Novita services - Families

When you were registering with Novita, you would have been told about the different services that Novita provides for children. However, Novita also provides support for parents, siblings, child care workers, teachers, friends and other members of the community. For more information on our services, visit www.novita.org.au.

To request a service for your child please complete this form.

Name of child		Date of request	
Parent/caregiver's name			
Regional area or name of town (ie Riverland or Berri)			

Response to your request: a team member will follow up your request by e-mail or phone after it is received and further information will be obtained. We will also discuss how we can respond ie phone follow-up, link with local services or plan time for an appointment during our next scheduled visit.

Training and development requests will be discussed with you and where appropriate, with schools and services in your area, to ensure that we are able to work as effectively as possible.

Preferred method of communication

Phone / mobile

Number _____

Email

Email address _____

Name of child _____

To help you to decide on the support you need and for us to determine the best way to provide it, please complete one or more of the following sections, depending on your requirements.

If the request is for support at child care, kindy, or school do the staff at that venue know of the request?

Yes No

If at child care, kindy or school, does your child have an

- OEDCP** (oral eating and drinking care plan)
 TPCP (transfer and positioning care plan)

Getting around (eg walking around, wheelchair use, getting in and out of equipment)

Please describe

Venue where this support is needed

- home
 childcare
 school
 kindy

Equipment (eg wheelchair / standing frame / walking frame, splints, toilet chair, hoist, communication device)

Please describe

Venue where this support is needed

- home
 childcare
 school
 kindy

Looking after themselves (eg telling others what they want, asking for help, showering, bathing, toileting, dressing, eating, drinking)

Please describe

Venue where this support is needed

- home
 childcare
 school
 kindy

School related (eg school options, getting around school, writing / typing, technology/adapted equipment)

Please describe

Venue where this support is needed

- home
 childcare
 school
 kindy

Social scene (eg talking, understanding what people say, friendships, relationships, family and sibling support, self esteem, feelings, bullying)

Please describe

Venue where this support is needed

- home
 childcare
 school
 kindy

Leisure (eg computer, email, internet, games, phone, interests, hobbies, clubs, sport, cinema, camps)

Please describe

Venue where this support is needed

- home
 childcare
 school
 kindy

Name of child _____

<input type="checkbox"/> Health (e.g. doctors appointments, diet, surgery or Botox, getting tired / aches and pains, medication.)	
Please describe	Venue where this support is needed
	<input type="checkbox"/> home <input type="checkbox"/> childcare <input type="checkbox"/> school <input type="checkbox"/> kindy
<input type="checkbox"/> Family support services (eg respite, help at home)	
Please describe	Venue where this support is needed
	<input type="checkbox"/> home <input type="checkbox"/> childcare <input type="checkbox"/> school <input type="checkbox"/> kindy
<input type="checkbox"/> Transitions (eg starting kindy, school, high school or leaving school and Novita, moving out of home, job interests, organising housework and banking)	
Please describe	Venue where this support is needed
	<input type="checkbox"/> home <input type="checkbox"/> childcare <input type="checkbox"/> school <input type="checkbox"/> kindy

Training opportunities	Preferred timeline for training
<input type="checkbox"/> Makaton (key word signing)	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
<input type="checkbox"/> supporting augmentative communication (for peers or staff)	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
<input type="checkbox"/> other (please specify)	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months

Would you like us to post you some more 'Request for Novita Services' forms

- Yes
 No

Please return completed forms to:

Novita Children's Services
 Regional Services
 151 Greenhill Road, Parkside SA 5063
 F: (08) 8172 9201