



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 – LOCAL SERVICE PROVIDERS

Novita's services are provided for children from birth to 18 years of age. Clients must be residents of South Australia and have been diagnosed with either a permanent impairment to physical functioning or an acquired brain injury that has the potential to impact on their participation in life and is likely to require ongoing support.

Novita's support also extends to the children's family, child care workers, teachers, friends and other members of their community. For more information please see www.novita.org.au.

Services can be requested for registered Novita clients by completing this form.

Your name and position/organisation			
Regional area or name of town (ie Riverland or Berri)			
Name of child		Date of request	
Parents name		Child's date of birth	
Name of child care / preschool / school (if applicable)			
Name of teacher or contact person			

Are the parents/caregivers aware of this request? Yes No

Is the school aware of this request? Yes No

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 your school and where appropriate, with other 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

Post

Address

Best time/day to contact

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

Name of child

Does the child have	<input type="checkbox"/> OEDCP (oral eating and drinking care plan)	Does it need reviewing? Y <input type="checkbox"/> N <input type="checkbox"/>
	<input type="checkbox"/> TPCP (transfer and positioning care plan)	Does it need reviewing? Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Getting around (eg walking around, wheelchair use, getting in and out of equipment)		
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"/> Equipment (eg wheelchair / standing frame / walking frame, splints, toilet chair, hoist, communication device)		
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"/> 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
		<input type="checkbox"/> home <input type="checkbox"/> childcare <input type="checkbox"/> school <input type="checkbox"/> kindy
<input type="checkbox"/> School related (eg school options, getting around school, writing / typing, technology/adapted equipment)		
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"/> 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
		<input type="checkbox"/> home <input type="checkbox"/> childcare <input type="checkbox"/> school <input type="checkbox"/> kindy
<input type="checkbox"/> Movement assessment (eg upper and lower limb range of movement, gait, hand function, botox/surgery)		
Please describe		Venue where this support is needed
		<input type="checkbox"/> home <input type="checkbox"/> childcare <input type="checkbox"/> school <input type="checkbox"/> kindy

Name of child _____

<input type="checkbox"/> Other (eg transitions such as preparing for transition to school, or from Novita to Adult Therapy Services, leisure activities, family support services)	
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"/> specific topics on disability / inclusion strategies	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
<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 / integration of technology in the classroom (for peers or staff)	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
<input type="checkbox"/> oral eating and drinking (specific to child)	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
<input type="checkbox"/> transfers and positioning (specific to child) / physical activities for children with a disability / post-op care	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
<input type="checkbox"/> specific professional development topics (please specify)	<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