



Dietitian Referral Form (NDIS)

Alexandra McClelland

Thank you for contacting SSDiets, registered providers of NDIS funded Nutrition services.

As per NDIS requirements an SLA (Service Level Agreement) has to be written and signed by both the provider & the participant (or participant's representative). The SLA is a large document outlining the anticipated expenses (100% covered by NDIS) associated with the work based on the requirements of the individual client and/or facility.

Please kindly complete the below information so as SSDiets can complete the SLA, which the participant (or participant's representative) will need to sign. Kindly return this form to alex@ssdiets.com.au or fax to: 8569 2321. If you have any questions kindly call our rooms: 8034 6465.

Penny Weigand

Participant	
Name	
Address	
Date of Birth	
NDIS Number	
Plan Start Date	Plan End Date
Funding Category	<input type="checkbox"/> Health & wellbeing
	<input type="checkbox"/> Improved Daily Living Skills
Plan Management Status	<input type="checkbox"/> Self Managed <input type="checkbox"/> Agency Managed <input type="checkbox"/> Plan Managed Name of Plan manager: _____ Email of plan manager: _____
Next of Kin/Guardian	
Name	
Mobile	
Email	
Referrer	
Name & Phone Number	
Email	

Kind Regards,

Alexandra McClelland
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 BSc (Nutr and Psys), MND.
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