

Custom Solutions Project Request Form



Please complete and email: projects@tadq.org.au

For more information or assistance completing the form, please contact 07 3216 1733

Client	First Name:	<input type="text"/>	Surname:	<input type="text"/>
	Date of Birth:	<input type="text"/>	Gender:	M F Gender Diverse
	Address:	<input type="text"/>		
		<input type="text"/>	Postcode:	<input type="text"/>
	Phone:	<input type="text"/>	Email:	<input type="text"/>

Contact	<i>Parent/Carer Name (if applicable)</i>			
	First Name:	<input type="text"/>	Surname:	<input type="text"/>
	Phone:	<input type="text"/>	Email:	<input type="text"/>

Referrer	First Name:	<input type="text"/>	Surname:	<input type="text"/>
	Organisation:	<input type="text"/>	Job title:	<input type="text"/>
	Address:	<input type="text"/>		
		<input type="text"/>	Postcode:	<input type="text"/>
	Phone:	<input type="text"/>	Email:	<input type="text"/>

Project contact : Client Parent/Carer Referrer

Project	<i>What is the challenge you are having?</i>		
	<input type="text"/>		
	<i>What would you like TADQ to make or modify?</i>		
	<input type="text"/>		
	<i>Has a commercially accessible option been investigated. If yes, what was the outcome?</i>		
<input type="text"/>			
<i>If possible, please provide any specific measurements or design details, attach photos to form.</i>			
<input type="text"/>			
<i>Is the item to be located at another venue from clients address?</i> Yes No			
Please add alternative address:			

Continued:

Health	What is your medical condition and history?		
	If applicable to the project, please complete:		
		Height (cm)	Weight (kg)
	Do you have any cognitive impairments that would affect this project?	Yes	No
	Do you have any sensory impairments that would affect this project?	Yes	No
	Is assistance needed for communication?	Yes	No
Do you have any other comments about your health that might effect this project?			

Mobility	Do you use any mobility aids? If yes, please describe:		
	Are there any challenges we need to be aware of?		

Goal	Please state your expected outcome/goal for this project?		
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Funding Questions	<i>For clients under 65 only:</i>		
	Country of Birth:	Australia	Other
	Carers Date of birth:		
	Indigenous status:	Torres Strait Islander origin Both	Aboriginal origin Neither
	Living arrangements:	Lives with family	Other

Payment	How will the item be paid for?		
	Self	Insurance	NDIS: Ref No. <input style="width: 100px;" type="text"/>
	CAEATI	Betterstart	
	Other	<input style="width: 100%; height: 20px;" type="text"/>	

Payment	How did you hear about our services?		
	Word of mouth	Social Media	Event
	Previous client	Website	Other

Many thanks for completing this Project Request Form. Once received our staff will be in contact.