



## Short Breaks

Expression of Interest

Name: ..... Date of Birth: .....

Address: .....

Phone(s): ..... Email: .....

Gender: ..... Preferred Pronoun: .....

Referrer (if not self referred): .....

Role: ..... Referrer Organisation: .....

Contact Details: .....

### NDIS Information

NDIS Reference Number: ..... Dates of Plan: .....

How are your funds managed? (please circle)      Plan managed      Self Managed      NDIA Managed Plan

Manager Name: ..... Organisation: .....

Phone(s): ..... Email: .....

I give permission for *Charlie Takes a Break* to record this information Y / N

I give permission for *Charlie Takes a Break* to contact my Plan Manager and/or referrer to confirm funding availability Y / N

If you are interested in finding out more, please identify the Short Breaks you are interested in:

1. ....

2. ....

3. ....

Group based Short Breaks are provided at a 1:3 ratio (STA and Respite), OR

If you would like to design your own bespoke 1:1 (STA and Respite) Short Break, please describe what you might like to do:

.....  
.....



Please send to **Charlie Takes a Break**

E: [hello@charlietakesabreak.com.au](mailto:hello@charlietakesabreak.com.au) • PO Box 417 Prospect SA 5082

P: (08) 7969 8755 • W: [charlietakesabreak.com.au](http://charlietakesabreak.com.au)

On receipt of your expression interest, we will be in touch with you to confirm your interest and answer any questions you may have. If you wish to proceed, we will make a time to meet with you to determine your specific needs and share the details of the program, so that you are confident that Charlie Takes a Break will suit your requirements and you will have a great time and derive the outcome and benefits you are looking for.