



# Request for Change Form

## Thrive Pathways

Use this form to ask for a change to your supports or services. You can ask for a change at any time. This form is optional, you can also just tell any of our team, or call us on 1300 429 593.  
We will talk it through with you. Any change we agree on will be written into your service agreement for you to agree to before it starts.

### Section A: Participant details

|                          |  |
|--------------------------|--|
| Full name:               |  |
| NDIS number (optional):  |  |
| Phone:                   |  |
| Email:                   |  |
| Best way to contact you: |  |

### Section B: Who is completing this form?

|                                              |                                                 |
|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Participant         | <input type="checkbox"/> Family member or carer |
| <input type="checkbox"/> Nominee or guardian | <input type="checkbox"/> Advocate               |
| <input type="checkbox"/> Other               |                                                 |

If you are not the participant, please add your details:

|                              |  |
|------------------------------|--|
| Your name:                   |  |
| Relationship to participant: |  |
| Phone or email:              |  |

### Section C: What would you like to change?

Tick all that apply:

|                                                                            |                                                      |
|----------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Change my support worker                          | <input type="checkbox"/> Change days or times        |
| <input type="checkbox"/> Add a support                                     | <input type="checkbox"/> Increase my supports        |
| <input type="checkbox"/> Reduce my supports                                | <input type="checkbox"/> Change program or group     |
| <input type="checkbox"/> Update my details (e.g. address, phone, contacts) | <input type="checkbox"/> Update my NDIS plan details |
| <input type="checkbox"/> End a service                                     | <input type="checkbox"/> Other                       |



## Section D: Tell us more

Please tell us about the change you would like, and why (if you'd like to):

|  |
|--|
|  |
|--|

## Section E: Timing

|                       |                                                                                                                           |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------|
| Preferred start date: |                                                                                                                           |
| How urgent is this?   | <input type="checkbox"/> Urgent <input type="checkbox"/> Soon (in the next few weeks) <input type="checkbox"/> Not urgent |

*Where possible, please give us at least 2 weeks' notice for changes to regular services. If you want to end a service, you can choose to stop at any time and it won't affect your future access to our services, the notice period is set out in your service agreement.*

## Section F: What happens next

We will contact you to talk it through and make sure we understand what you need. If we can make the change, we will update your service agreement in writing for you to agree to before the change starts. If we can't make the change, we will explain why and talk with you about other options. You can have a support person or advocate with you at any time.

## Section G: Consent to contact

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I agree to Thrive Pathways contacting me (or the person named above) about this request. |
|-------------------------------------------------------------------------------------------------------------------|

|                       |  |       |  |
|-----------------------|--|-------|--|
| Signature (optional): |  | Date: |  |
|-----------------------|--|-------|--|



## How to return this form

|                   |                                                              |
|-------------------|--------------------------------------------------------------|
| <b>Post:</b>      | PO Box 75R, Redan VIC 3350                                   |
| <b>Email:</b>     | hello@thrivepathways.com.au                                  |
| <b>In person:</b> | Hand it to any of our team                                   |
| <b>Phone:</b>     | Call 1300 429 593, we can fill it in with you over the phone |

## Need help?

**NEED HELP?** Phone 1300 429 593 | Email [hello@thrivepathways.com.au](mailto:hello@thrivepathways.com.au) | Post PO Box 75R, Redan VIC 3350 | Website [www.thrivepathways.com.au](http://www.thrivepathways.com.au)

**Interpreter:** call TIS National on 131 450 and ask them to call us on 1300 429 593. If you are deaf or have a hearing or speech impairment, you can contact us through the National Relay Service (NRS).

You can ask for this information in another format, or ask a family member, friend or advocate to help you.

*Privacy: We use your information only to respond to you, in line with our Privacy Policy.*