



😊😊 **YOUNG CARER REFERRAL FORM** 😊😊

Date: _____

Please use this form to register your details with EDuCARE

THE BASICS:

Name: _____ Date of birth: _____

Address: _____

Postcode: _____ Email address: _____ Phone No: _____

Who do you care for? _____ If this is a brother/sister, what is their age? _____

Which school do you attend? _____

Who/which service did you receive this form from? _____

STATISTICAL INFORMATION:

This information is collected for EDuCARE for statistical purposes only and the data is used to help us plan our service

1. Is English your first language? Yes No – please let us know what is your first language _____

2. Are you of Aboriginal / Torres Strait Islander descent? No Yes -
 Aboriginal
 Torres Strait
 Aboriginal / Torres Strait

3. Approximately what year did you commence caring? _____

4. Are you from a Culturally and Linguistically Diverse background? No Yes – please specify: _____

5. What is the condition of the person you care for?

- | | | |
|---|---|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Autism/aspergers | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Blood Disease | <input type="checkbox"/> HIV / Aids | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Respiratory Disease (asthma, emphysema) |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Sight Impairment |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Disorders | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Digestive Disease (ulcer, hernia, liver, pancreatitis) | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Down syndrome | <input type="checkbox"/> Neoplasms (tumours, cancer) | |
| <input type="checkbox"/> Drug & Alcohol related disorder | <input type="checkbox"/> Nervous system disorders (motor neurone, MS, muscular dystrophy, cerebral palsy) | |
| <input type="checkbox"/> Fracture | | |
| <input type="checkbox"/> Frail Aged | | |



Please send completed form to: **EDuCARE Support Service**
1st Floor, West Wing, Rankin Park Centre
Lookout Road, New Lambton Heights NSW 2305
Or Fax to: (02) 4985 5702
Or Email to: Educare-Admin@hnehealth.nsw.gov.au
Ph: (02) 4921 4895

Version: 1/2011
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