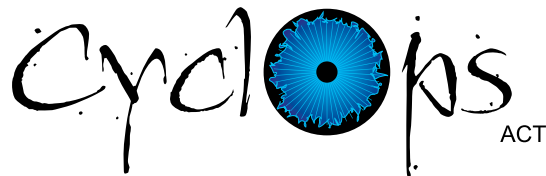


CYCLOPS - Anglicare Young Carers Program

Referral Form



The Anglicare CYCLOPS young carers program supports young carers up to the age of 25 who are caring for a family member with a disability, mental health challenge, health condition or

illness and/or affected by drugs and alcohol. The program provides case management or casual support, advocacy, education support, recreation opportunities, information and referral.

Referrer Details			
Contact Person Name:		Date of referral:	
Referring Organisation:			
Duration with Service:		Phone:	
Email Address:			

Young Carer's Details			
Young Carer's Name:		Gender:	
Home Address:			
Date of Birth:		Phone:	
Email Address:			
Prefers Contact via:	<input type="checkbox"/> Phone Call <input type="checkbox"/> Leave a Voicemail <input type="checkbox"/> Text Message <input type="checkbox"/> Email		
School (if applicable):		School Year:	
Household Member Names & Relationships (please list all below):			
Medical conditions, behavioural concerns and/or disabilities (please list all below):			
Cultural Background (please tick from list below):			
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Culturally and Linguistically Diverse <input type="checkbox"/> None of the Above			
Language(s) spoken at home:			

Family Information *(if young carer is under 16 years)*

Parent/Guardian Name:		Phone:	
Email Address:			
Relationship to young carer:			

Young Person's Caring Role

Hours of Care per day:		Hours per week:	
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Caring Duties *(please tick all that apply):*

- | | |
|----------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Emotional Support | <input type="checkbox"/> Nursing Tasks |
| <input type="checkbox"/> Personal Care | <input type="checkbox"/> Minding Younger Siblings |
| <input type="checkbox"/> Responding to Emergencies | <input type="checkbox"/> Other - <i>please specify in the space below</i> |
| <input type="checkbox"/> Household Tasks | |

Other Caring Duties:	
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Impact of Caring Role *(please tick all that apply):*

- | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Financial Difficulties | <input type="checkbox"/> Social Isolation |
| <input type="checkbox"/> Missing School/ School Work | <input type="checkbox"/> No or Limited Access to Transport |
| <input type="checkbox"/> General Stress Relating to Caring Responsibilities | <input type="checkbox"/> Other - <i>please specify in the space below</i> |

Other Impacts:	
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Is the young carer or their family currently accessing other services? *Please outline below*

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Care Recipient Details *(Person that the young person is caring for)*

Relationship to young carer:	
Nature of illness/disability/condition:	
Housing Type <i>(eg rental, ACT Housing)</i>	

Referral Context

What is the primary issue/ reason for the young carer referral? *Please outline below*

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Is there any additional information needed to support this referral? *Please outline below*

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Consent

Has consent been obtained by the young person?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has consent been obtained by the parent/guardian? <i>(if they are under 16 years)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Referrer Authorisation

Signature:		Date:	
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Please send completed referral form to: Anglicare CYCLOPS ACT

Email: cyclops@anglicare.com.au

Phone: 02 6232 2488

www.anglicare.com.au/cyclops

Privacy Policy

Anglicare NSW South, NSW West & ACT (Anglicare) is committed to ensuring that the information provided to us remains secure and that there is awareness of what information is held and the rights regarding that information. We are bound by the Privacy Act 1988 (Cth) (Privacy Act), which sets out a number of principles concerning the protection of personal information known as the Australian Privacy Principles.

Anglicare uses the information given to us to assess what services are required and whether we can provide those services, and evaluate ongoing services provided.

Personal information collected is not disclosed to third parties without written consent or unless required by law. We may use the information for internal reviews

and analysis and may also use it to produce certain consolidated statistics about our services. However, we will not disclose individual information, nor sell, trade or rent that information for any purpose. If we need to disclose any information to conform with any laws or legal process we will inform what information has been disclosed and to whom (unless informing is precluded by legislation), so that any necessary action can be taken.

This information is stored on a secure database. If the information requested on this form is not provided, we may not be able to assist the young person.

For more information regarding consent and access to information, please refer to:

<https://www.anglicare.com.au/privacy-policy/>