CARERS VICTORIA REFERRAL FORM

Carers VIC Australia

☐ Referral to Carers Advisory Service (For all carers statewide)
☐ Referral to Support for Carers Program (For carers in the west only)
☐ Referral to Additional Respite Program (For carers in Metro West, Bendigo, Shepparton, Geelong & Latrobe)

CLEAR FORM

CARER'S DETAILS

First name	Surname
Date of birth	/ /
Are you a young carer?	☐ Yes ☐ No
Gender	☐ Male ☐ Female ☐ Gender Diverse ☐ Other If other, please specify (optional)
Country of birth	
Are you Indigenous or Torres Strait Islander?	☐ Yes - Indigenous ☐ Yes - Torres Strait Islander ☐ Yes - Both ☐ No ☐ Prefer not to say
Language(s) spoken	☐ English ☐ Other - If other, please specify
Do you need an interpreter	☐ Yes ☐ No
Address	Suburb Postcode
Phone	
Preferred day/time to phone	
Email	
Emergency contact	

REFERRER'S DETAILS

First name	Surname
Organisation	
Address	Suburb Postcode
Phone	
Email	
Emergency contact	

CARE RECIPIENT(S) DETAILS

CARE RECIPIENT 1

First name	**Surname**
Date of birth	/ / **Age**
Gender	☐ Male ☐ Female ☐ Gender Diverse ☐ Other If Other, please specify (optional):
Condition(s)	
Living arrangements	
Address	**Suburb** **Postcode**

CARE RECIPIENT 2

First name	**Surname**
Date of birth	/ / **Age**
Gender	☐ Male ☐ Female ☐ Gender Diverse ☐ Other If other, please specify (optional):
Condition(s)	
Living arrangements	
Address	**Suburb** **Postcode**

REASON FOR REFERRAL

RISKS/ALERTS

(Consider child safety, suicidality, self harm, family violence, elder abuse)

CURRENT SERVICES AND WHAT SUPPORT IS PROVIDED

OTHER IMPORTANT INFORMATION

CARERS VICTORIA MEMBERSHIP

Do you consent to becoming a member of Carers Victoria?	☐ Yes ☐ No For further information visit www.carersvictoria.org.au/Membership

CONSENT

Carer consent: I consent to the information disclosed on this form being provided to Carers Victoria for the purposes of referral and Carer Services and inclusion in de-identified data reporting. I understand that Carers Victoria may contact me in relation to this referral and conduct further assessment.

Further information on Carers Victoria's Privacy Policy is available at www.carersvictoria.org.au/privacy

Name and signature of carer	
Or verbal consent obtained by	
Name and signature	
Date of consent	/ /

SUBMIT FORM

Email this referral form to Carers Victoria via access@carersvictoria.org.au
For referral enquiries phone Carers Victoria Carer Services Intake on 1800 514 845
Carers Victoria PO Box 13305, Law Courts VIC 8010
T 1800 514 845 | F 9396 9555 | www.carersvictoria.org.au

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