

# 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: |                   |
| 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:                                                                                                                                        |
| 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:                                                                                                                        |                                                                                                                                                     |
| Housing Type (eg rental, ACT Housing)                                                                                                              |                                                                                                                                                     |

| Emergency Contact            |        |
|------------------------------|--------|
| Contact Person Name:         | Phone: |
| Email Address:               |        |
| Relationship to young carer: |        |

| Household Member Names and information <i>(please list all relevant information below)</i> |              |     |                                                                             |
|--------------------------------------------------------------------------------------------|--------------|-----|-----------------------------------------------------------------------------|
| Name                                                                                       | Relationship | Age | Medical conditions, behavioural concerns, Disabilities or other information |
|                                                                                            |              |     |                                                                             |
|                                                                                            |              |     |                                                                             |
|                                                                                            |              |     |                                                                             |
|                                                                                            |              |     |                                                                             |
|                                                                                            |              |     |                                                                             |
|                                                                                            |              |     |                                                                             |

| Care Recipient Details <i>(Person that the young person is caring for)</i> |  |
|----------------------------------------------------------------------------|--|
| Name and relationship to young carer                                       |  |

| Young Person's Caring Role                                                                                                                                                             |                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hours of Care per day:                                                                                                                                                                 | Hours per week:                                                                                                                                                                      |
| Caring Duties <i>(please tick all that apply):</i>                                                                                                                                     |                                                                                                                                                                                      |
| <input type="checkbox"/> Emotional Support<br><input type="checkbox"/> Personal Care<br><input type="checkbox"/> Responding to Emergencies<br><input type="checkbox"/> Household Tasks | <input type="checkbox"/> Nursing Tasks<br><input type="checkbox"/> Minding Younger Siblings<br><input type="checkbox"/> Other - <i>please specify in the space below</i>             |
| Other Caring Duties:                                                                                                                                                                   |                                                                                                                                                                                      |
| Impact of Caring Role <i>(please tick all that apply):</i>                                                                                                                             |                                                                                                                                                                                      |
| <input type="checkbox"/> Financial Difficulties<br><input type="checkbox"/> Missing School/ School Work<br><input type="checkbox"/> General Stress Relating to Caring Responsibilities | <input type="checkbox"/> Social Isolation<br><input type="checkbox"/> No or Limited Access to Transport<br><input type="checkbox"/> Other - <i>please specify in the space below</i> |
| Other Impacts:                                                                                                                                                                         |                                                                                                                                                                                      |
| Is the young carer or their family currently accessing other services? <i>Please outline below</i>                                                                                     |                                                                                                                                                                                      |
|                                                                                                                                                                                        |                                                                                                                                                                                      |

| Referral Context                                                                                 |
|--------------------------------------------------------------------------------------------------|
| What is the primary issue/ reason for the young carer referral? <i>Please outline below</i>      |
|                                                                                                  |
| Is there any additional information needed to support this referral? <i>Please outline below</i> |
|                                                                                                  |

| 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: |  |

Email: [cyclops@anglicare.com.au](mailto:cyclops@anglicare.com.au) Phone: 02 6232 2488 Website: [www.anglicare.com.au/cyclops](http://www.anglicare.com.au/cyclops)

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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

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.andlicare.com.au/privacy-policy/>