

The Family Carer Support Project

Family Carer - Self Referral Form

About the Family Carer:

Name: *

Address:

Street Address:

Street Address Line 2:

_____ City: _____ County: _____

Eircode: _____

Mobile Number: *

Area Code

Phone Number

Landline Number: *

Area Code

Phone Number

E-mail: _____ Family Carer's D.O.B * _____

About the person who needs care:

Relationship of the person who needs care to the family carer: *

Condition of the person who needs care: *

Reason for Referral (please tick all that apply) *

- Full Wellbeing Review
- Family Carer's Ireland Supports & Services i.e Emergency Scheme, Advocacy, Support Groups
- Carer could benefit from 1 to 1 support
- Carer requires further information on Home Help/Homecare/Long-term care
- New to Family Carer role
- Further information on Community Services available
- Information on Educational Programmes
- Information on Rights & Entitlements
- Other

If other please explain:

Consent to Refer & Share Information: *

I confirm that I consent to send Family Carer's Ireland my personal details, with a view to Family Carer's Ireland making contact with me to conduct a wellbeing review and to develop an action plan.

Signature: * _____

Date consent given/obtained: * _____

Please return completed referrals to:

Amy Foley, Family Carer's Ireland Cork Office, 9 Tuckey Street, Cork, T12 WF2P **OR** scan & email form to fcsp@familycarers.ie

Office Use Only

Date referral received:	
Person who received referral:	
Family Carer first contacted by:	
Date Family Carer was first contacted:	