 

**“VƯƠN CAO” Young Carer’s Group**

**Enrolment Application Form Private and Confidential**

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| **PART A**  **Referral and Consent** | |
| Date this form is being completed |  |
| What is the name of person completing this form? |  |
| What is the relationship between the person completing this form and the Young Carer being referred? |  |
| What is the referrers contact telephone number? |  |
| If the referrer is a Young Carer, do they and their parent consent for the information in this form to be collected? | **YES /NO** |
| If the referrer is service provider or other community member, has the Young Carer and their parent given you their consent to complete this form on their behalf? | **YES /NO** |

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| **Part B - Basic details of the Family** | | | | | |
| **Parent/Legal Guardian Full Name** |  | **What is the relationship of to the Participating Young Carer to the Parent/Guardian wanting to participate in this program?** | |  | |
| **Address** |  | | | | |
| **Telephone** |  | **Mobile** |  | **Email** |  |
| **Languages spoken by the Parent/Legal Guardian** |  | **Is an Interpreter required if speaking with our staff?** |  | | |
| **Emergency Family Contact Full Name** |  | **Relationship to the Young Carer** |  | **Mobile** |  |
| **Name of the Young Carer wishing to participate in this program?** | |  | | | |

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| **Part C – Basic details of the Young Carer** | | | | | | | | | | | | | | | | | |
| **Full Name** | |  | | | **Birthdate** | |  | | | **Age** |  | | | **Gender Identity** | | |  |
| **Address (if different to above)** | |  | | | | | **Mobile (if any)** | | |  | | | | **Email (if any)** | | |  |
| **Languages spoken by the young Carer** | |  | | **Is an Interpreter required?** | | | **YES /NO** | | | **Does the Young Carer have a parent/guardian that can bring them to group meeting points?** | | | | | | | **YES /NO** |
| **Does the Young Carer ever use Public Transport?** | | **YES /NO** | | **Does the Young Carer have a Myki Card?** | | | **YES /NO** | | | **Does the Young Carer mind travel to excursion destinations by public transport in a group along with Program Facilitators?** | | | | | | | **YES /NO** |
| **Who does the young Carer help support with a disability?** | | **Please tick relevant options below** | | **What is the name of person that the Young Carer supports and what is their main disability?** | | | | | | | **On average, how many hours per week does the Young Carer spend helping this person with a disability?** | | | | | | |
| **Brother with a disability** |  | **Name:**  **Disability Type:** | | | | | | | **Hours of support provided (approximately):**  **What is the nature of the help you provide?** | | | | | | |
| **Sister with a disability** |  | **Name**  **Disability Type:** | | | | | | | **Hours of support provided (approximately):**  **What is the nature of the help you provide?** | | | | | | |
| **Parent or significant other with a disability** |  | **Name**  **Disability Type:** | | | | | | | **Hours of support provided (approximately):**  **What is the nature of the help you provide?** | | | | | | |
| **Does the Young Carer experience any disabilities, wellbeing, or medical issues themselves?**  **If they do, please describe these.** | | | | ***Young Carer Health and wellbeing Issues if any:*** | | | | | | | | | | | | | |
| ***Young Carer Medical Issues if any:*** | | | | | | | | | | | | | |
| ***Young Carer Disabilities if any:*** | | | | | | | | | | | | | |
| **Does the Young Carer experience any allergies?** | | | | (Please provide details of any allergies) | | | | | | | | | | | | | |
| **In case of emergency, who is the Young Carer’s General Practitioner doctor?** | | | | Name:  Clinic Address and Telephone: | | | | | | | | | | | | | |
| **Please indicate “yes or no” in the white spaces to indicate the days and times the Young Carer is available to join group activities**  **Important Note:**  **“VƯƠN CAO” meetings and community excursions will take place twice a month.**  **One meet-up a month will be over zoom 6.30-8pm on a Wednesday.**  **The other meet up will be a community excursion of 3-4 hours duration that will take place on either a weekday evening or a Saturday afternoon** | | | |  | | **Mon** | | **Tues** | **Wed** | | | **Thurs** | **Fri** | **Sat** | **Sun** | **Comments** | |
| **“VƯƠN CAO” Wednesday Zoom Catch Ups** | |  | |  |  | | |  |  |  |  |  | |
| **“VƯƠN CAO” Community Excursions** | |  | |  |  | | |  |  |  |  |  | |
| **Is the Young Carer currently attending school or any other kind of study program?** | | | | YES /NO | | (Please provide details of school and year level) | | | | | | | | | | | |
| **Does the Young Carer have any special interests, talents, or hobbies and are there any pastimes that you like doing?** | | | | YES /NO | | (If you answered yes, please provide details so that we can design our program with your interests in mind) | | | | | | | | | | | |
| **Are there any activities the Young Carer does *not* enjoy or should avoid doing?** | | | | YES /NO | | (If you answered yes, please provide details so that we can design our program with activities you like) | | | | | | | | | | | |
| **Are there any kinds of new activities or skills the Young Carer would like to take part in or learn?** | | | | YES /NO | | (If you answered yes, please provide details so that we can design our program with your interests in mind) | | | | | | | | | | | |
| **Does the Young Carer have any goals in taking part in “VƯƠN CAO”** | | | | YES /NO | | (If you answered yes, please provide details so that we can design our program with your goals in mind. For example, you might like to join the group specifically to make friends; try new things in the community; learn about new skills that will help you in your caring role) | | | | | | | | | | | |
| **Is the Young Carer involved in any regular community-based activities currently?**  **If so, what do you enjoy the most about taking part in the activities?** | | | | YES /NO | | (Please provide details - Examples might include a sports club or a school holiday activity program etc.) | | | | | | | | | | | |
| **Has the Young Carer been involved in any community-based activities in the past?**  **If so, what did you enjoy the most about taking part in the activities?** | | | | YES /NO | | (Please provide details) | | | | | | | | | | | |
| **Has the Young Carer ever experienced difficulties in taking part in community activities or school activities in the past?** | | | | YES /NO | | (Please provide details) | | | | | | | | | | | |
| **Can you identify any factors that have made it difficult for the Young Carer to be more involved in community or school activities?** | | | | YES /NO | | ((If you answered yes, please tell us about the difficulties so that we can design our program to overcome these difficulties?) | | | | | | | | | | | |
| **Does the Young Carer feel comfortable interacting with new people?** | | | | YES /NO | | (If you answered yes, how can we help you to feel more comfortable when meeting new people?) | | | | | | | | | | | |
| **Does the Young Carer experience a sense of social isolation or stress in their life from time to time that is linked to their caring role?** | | | | YES /NO | | (If you answered yes, please provide details so that we can develop our program to help you with these issues) | | | | | | | | | | | |
| **Does the Young Carer have any specific physical or personal care support needs we should be aware of?** | | | | YES /NO | | (If you answered yes, please provide details so that we can design our program with your support needs in mind) | | | | | | | | | | | |
| **Does the Young Carer experience any difficulties in expressing themselves or following verbal communication?** | | | | YES /NO | | (If you answered yes, please provide details so that we can design our program with your support needs in mind) | | | | | | | | | | | |
| **Does the Young Carer have any specific dietary requirements we should be aware of?** | | | | YES /NO | | (If you answered yes, please provide details so that we can design our program with your support needs in mind) | | | | | | | | | | | |
| **Does the Young Carer have any specific cultural or religious observances we should be aware of?** | | | | YES /NO | | (If you answered yes, please provide details so that we can design our program with your preferences in mind) | | | | | | | | | | | |
| **Does the Young Carer have any of the following Plans in place?**  **Note: The program will require a copy of any Plans prior to participation**  **Does the Young Carer have any of the following Plans in place?**  **Note: The program will require a copy of any Plans prior to participation** | **Asthma Emergency Plan** | | | YES /NO | | (If you answered yes, please provide details so that we can design our program to always ensure your and other’s safety) | | | | | | | | | | | |
| **Medical Emergency Plan** | | | YES /NO | | (If you answered yes, please provide details so that we can design our program to always ensure your and other’s safety) | | | | | | | | | | | |
| **Epilepsy Management Plan** | | | YES /NO | | (If you answered yes, please provide details so that we can design our program to always ensure your and other’s safety) | | | | | | | | | | | |
| **Behavior Support Plan** | | | YES /NO | | (If you answered yes, please provide details so that we can design our program to always ensure your and other’s safety) | | | | | | | | | | | |
| **Is the Young Carer likely to require support from program staff to take medication?** | | | | YES /NO | | (If you answered yes, what medications do you need help with? Please note that a written authority from the young person’s doctor is required before staff can assist with medications) | | | | | | | | | | | |
| **Has the Young Carer ever experienced difficult behaviors before (examples might be feeling very anxious, depressed, or aggressive towards others who you might find annoying)?** | | | | YES /NO | | (If you answered yes, please provide details so that we can design our program to always maximize your safety and participation in the program) | | | | | | | | | | | |
| **If the Young Carer has experienced difficult behaviors what tends to trigger these behaviors?** | | | | YES /NO | | (If you answered yes, please provide details so that we can design our program to always ensure your and other’s safety) | | | | | | | | | | | |
| **Does the Young Carer have any tendency to become distracted and wander away on their own?** | | | | YES /NO | | (If you answered yes, please provide details so that we can design our program to always ensure your safety) | | | | | | | | | | | |
| **Is there any other relevant information about the Young Carer that you feel we should be aware of?** | | | | YES /NO | | (If you answered yes, please provide details so that we can design our program to always ensure your safety and maximum enjoyment) | | | | | | | | | | | |
| **Is the Young Carer and parent agreeable to having a Facilitator meet with you before you start participating in the program** | | | | YES /NO | | (If yes, what is the best time for us to visit? We usually drop into your home or visit over zoom to get to know you in person a little better before starting in the group. This is to ensure that you feel comfortable and can ask us any questions you may have about the group) | | | | | | | | | | | |

**THANK YOU for Filling in this Form! Please return it to:** [Thanh.Nguyen@extendedfamilies.org.au](mailto:Thanh.Nguyen@extendedfamilies.org.au) **as soon as possible! We will be in touch with you soon! If you need to speak with us in the interim, you can call Thanh Nguyen on** M: 0451 665 057