

Young Carer Program



YOUNG CARERS
CARERS NSW

Registration Form

First name: _____ Last name: _____

Date of birth: __/__/____ Male Female Intersex Not specified (please tick box)

Postal address: _____

Phone/Mobile: _____ Email: _____

Cultural background: Aboriginal and/or Torres Strait Islander Culturally and/or linguistically diverse

Country of birth: _____

Do you have a disability or health condition? Yes No

If yes, please provide details of disability/illness: _____

I care for my: Parent/guardian Sibling Grandparent Other: _____

Their name(s) is/are: _____

They: Have a physical/intellectual disability Have a long-term illness Have a mental illness
 Have a drug/alcohol dependency Are frail

Details of disability/illness: _____

How long have you been caring for? _____ (months/years) Are you the main carer? Yes No

Please note: If the young carer is under the age of 18, we will need to speak to a parent/guardian to complete this registration. If this is not available, please contact us on 1800 242 636 or email yc@carersnsw.org.au.

Name(s) of parent(s)/guardian(s): _____

Parent/guardian phone number: _____ Relationship: _____

How did you hear about the Young Carer Program? _____

Details of the person completing this referral: Organisation (if applicable): _____

Name: _____ Ph/Email: _____

Carers NSW ensures that the personal information provided will be handled in accordance with the principles set out in the Privacy Amendment (Privacy Sector) Act 2000

Carers NSW

PO Box 785, North Sydney NSW 2059

Email: yc@carersnsw.org.au PH: (02) 9280 4744 Fax: (02) 9280 4755

Free call: 1800 242 636* (*Free call except from mobiles. An Australian Government Initiative)

www.youngcarersnsw.org.au