

# BrainLink Support for Carers Program Registration Form

BrainLink Services, Support for Carers Program, is funded by the Victorian Government through the Victorian Support for Carers Program. BrainLink offers a range of activities and events designed to support carers and give them a break from their caring role. Caring for someone with a disability can be tough, so by supporting carers, BrainLink aims to make a difference by giving carers a break, connecting them with other carers and supporting them to continue in their caring role. BrainLink offers a range of activities and supports, both online via Zoom and through (COVID safe) face to face activities.

For the purposes of this form a carer is any person who is providing unpaid support to the care recipient (person with a disability). The carer does not need to live with the care recipient to be defined as a carer. Carer's may be spouses, children, parents or friends or neighbours of the person in receipt of care (care recipient).

Please note the information collected below is for statistical purposes, which BrainLink is required to report to our funding body, The Department of Families, Fairness and Housing (DFFH). Any information collected by BrainLink is confidential and is coded and not identifiable in our reporting.

Please let us know if you do not want your information reported.

BrainLink Services privacy policy is available at <https://www.brainlink.org.au/page/15/privacy-policy>

If you have any questions, please contact Virginia on 0498 333 088 or email [virginia@brainlink.org.au](mailto:virginia@brainlink.org.au)

## APPLICATION CHECK LIST

Before submitting your application, please ensure that you have addressed the below:

- You have read and understood the respite service guidelines
- The carer has been told about & given a copy of their rights & responsibilities (refer to the BrainLink booklet)
- All information is written clearly, with a black or blue pen (if hand written)
- The carer has signed the consent form. **No one else is permitted to give consent.**



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## **OUR COMPLAINTS POLICY:**

We are committed to providing a high-quality service to all our clients. If something goes wrong, we need you to tell us about it. This will help us to improve our standards.

If you have a complaint, please contact BrainLink on 1800 677 579 or you can email your concerns to [admin@brainlink.org.au](mailto:admin@brainlink.org.au). Information about our complaints process is also available on the BrainLink website at [www.brainlink.org.au](http://www.brainlink.org.au)

## **BRAINLINK PRIVACY STATEMENT:**

All personal and health information will be treated confidentially and securely by BrainLink Services. No directly identifying information, such as your name or other personal details, will be provided to other agencies without your consent. BrainLink are required to release certain anonymous statistical information about our service users to the Department of Families, Fairness and Housing (DFFH). This assists in ongoing service planning and enables the continuation of government funding which will be used to plan for improved service provision for people with ABI or neurological conditions.



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**CAN WE USE THIS INFORMATION FOR DFFH REPORTING PURPOSES? Y / N**

Date: \_\_\_ / \_\_\_ / \_\_\_

Full Name (carer):

Full Name (care recipient):

Gender: Male

Female

Gender: Male

Female

Relationship to care recipient:

Are both parties aware of this referral:

Yes

No

Carer Age:

DOB:

Care recipient Age:

DOB:

Carer Address:

Care recipient address (if not the same as the carer):

Post code:

Post code:

Ph: Home

Mobile:

Ph: Home

Mobile:

Email:

Email:

Does the person being care for have a diagnosis of:

ABI.....

Neurological Disorder (diagnosis).....

Other.....

**Current Support Services (levels of current funding & support and from what agency?)**

Package/Agency Name:

Support Provided:

1)

2)

3)

**Care Recipient Details:** (what are the day to day supports that the person with an ABI of Neurological condition need)

## CARER CONSENT

*(to be signed by the carer only)*

### Written Consent

*I have been informed and consent to the use and storage of information in this request for the purposes of registering an application for Eastern Region ABI Flexible Respite Funding.*

*I understand that I can access my application and relevant paperwork anytime by contacting the Client Services Manager.*

*I have been provided a copy of my rights and responsibilities and I understand them.*

Signed:

Date:

Name:

## SERVICE USER (PERSON WITH ABI) CONSENT

Does the Service User agree to the funded Agency releasing their data for the purpose of the Quarterly Data Collection?

- 1  Consent Given
- 2  Consent Withheld
3.  Carer consent (on behalf of person with ABI)

## CARER

Please note: The following questions are asking about the presence of an **INFORMAL CARER** who provides support to the Service User (these questions are **not about paid carers or volunteers** from a Service Type Outlet or other organisation)

Does the carer assist the Care Recipient in the area(s) of SELF-CARE, MOBILITY or COMMUNICATION?

- 1  Yes  
2  No

Does the carer live in the SAME HOUSEHOLD as the Care Recipient?

- 1  Yes, co-resident carer  
2  No, non-resident carer

What RELATIONSHIP is the carer to the Care Recipient?

When answering this question, complete the sentence, "The carer is the Service User's..."

- |   |                          |                      |    |                          |                           |
|---|--------------------------|----------------------|----|--------------------------|---------------------------|
| 1 | <input type="checkbox"/> | Wife/female partner  | 7  | <input type="checkbox"/> | Daughter-in-law           |
| 2 | <input type="checkbox"/> | Husband/male partner | 8  | <input type="checkbox"/> | Son-in-law                |
| 3 | <input type="checkbox"/> | Mother               | 9  | <input type="checkbox"/> | Other female relative     |
| 4 | <input type="checkbox"/> | Father               | 10 | <input type="checkbox"/> | Other male relative       |
| 5 | <input type="checkbox"/> | Daughter             | 11 | <input type="checkbox"/> | Friend/neighbour - female |
| 6 | <input type="checkbox"/> | Son                  | 12 | <input type="checkbox"/> | Friend/neighbour - mal    |

What is the AGE GROUP of the CARER?

This question relates to the **INFORMAL CARER** identified in item U007 above. When asking the Service User about the age of their carer it is considered more appropriate to ask about broad age groups rather than actual age.

- 1  Under 15 years  
2  15 – 24 years  
3  25 – 44 years  
4  45 – 64 years  
5  65 years and over

**CULTURE AND COMMUNICATION****Is the Care Recipient of ABORIGINAL or TORRES STRAIT ISLANDER origin?**

*Responses must not be based on the perceptions of anyone other than the person, or their advocate. The 'look' of a person has proven to be an unreliable way for another person to assess someone's Indigenous origin.*

- 1  Aboriginal but not Torres Strait Islander origin
- 2  Torres Strait Islander but not Aboriginal origin
- 3  Both, Aboriginal and Torres Strait Islander origin
- 4  Neither Aboriginal origin nor Torres Strait Islander origin

**In which COUNTRY was the Care Recipient BORN?**

- Australia
- Other Country (*Please Specify:*) \_\_\_\_\_

**What is the MAIN LANGUAGE spoken in the Care Recipient's home?**

- English
- Other Language (*Please Specify:*) \_\_\_\_\_

**Does the Care Recipient require INTERPRETER SERVICES?**

- 1  Yes, for spoken language other than English
- 2  Yes, for non-spoken communication
- 3  No

**What is the Care Recipient's most effective METHOD OF COMMUNICATION?**

*Children aged 0–4 years should be coded as 'Child aged under 5 years'.*

- 1  Spoken language (*effective*)
- 2  Sign language (*effective*)
- 3  Other effective non-spoken communication (*e.g. Canon Communicator, Compic*)
- 4  Little, or no effective communication
- 5  Child aged under 5 years (not applicable)

**DISABILITY GROUP**

What are the Care Recipient’s PRIMARY and OTHER SIGNIFICANT DISABILITY GROUP(S)?

	PRIMARY DISABILITY GROUP	OTHER SIGNIFICANT DISABILITY GROUPS	
<p><i>Tick one box only</i></p>	1 <input type="checkbox"/>	Intellectual	<input type="checkbox"/>
	2 <input type="checkbox"/>	Specific learning/ADD <i>(Other than Intellectual)</i>	<input type="checkbox"/>
	3 <input type="checkbox"/>	Autism	<input type="checkbox"/>
	4 <input type="checkbox"/>	Physical	<input type="checkbox"/>
	5 <input type="checkbox"/>	Acquired Brain Injury	<input type="checkbox"/>
	6 <input type="checkbox"/>	Neurological <i>(Including epilepsy &amp; Alzheimer’s Disease)</i>	<input type="checkbox"/>
	7 <input type="checkbox"/>	Deafblind – dual sensory	<input type="checkbox"/>
	8 <input type="checkbox"/>	Vision	<input type="checkbox"/>
	9 <input type="checkbox"/>	Hearing	<input type="checkbox"/>
	10 <input type="checkbox"/>	Speech	<input type="checkbox"/>
	11 <input type="checkbox"/>	Psychiatric	<input type="checkbox"/>
	12 <input type="checkbox"/>	Developmental Delay	<input type="checkbox"/>

Refers to Disability Group(s), (other than that indicated as being ‘primary’) that also cause difficulty for the person.

Tick all other significant disabilities.

*(If the person is aged 0-5 years this question is only valid where conditions have appeared in the early developmental period, but no specific diagnosis has been made and the specific disability group is not yet known)*

## LIVING ARRANGEMENTS/HOUSING

### What is the Care Recipient's usual RESIDENTIAL SETTING?

*The type of physical accommodation the person usually resides in ('usually' means four or more days per week on average).*

- 1  Private residence – owned or purchased
- 2  Private residence – private rental
- 3  Private residence – public rental
- 4  Private residence – mobile home or caravan
- 5  Independent living unit within a retirement village
- 6  Boarding house/private hotel
- 7  Short term crisis or emergency accommodation  
*(e.g. night shelters, refuges, hostels for the homeless and/or halfway houses.)*
- 8  Transitional accommodation
- 9  Domestic-scale supported living facility *(e.g. group homes)*
- 10  Supported accommodation facility *(e.g. hostels, supported residential services or facilities)*
- 11  Residential aged care facility *(e.g. nursing home or aged care hostel)*
- 12  Other

### Does the Care Recipient usually LIVE ALONE or with OTHERS?

*The Service User's living arrangements must relate to the same place described in residential setting 'Usually' means four or more days per week on average.*

- 1  Lives alone
- 2  Lives with family
- 3  Lives with others



## INCOME AND WORK

## IF AGED 15 YEARS OR MORE:

What is the Care Recipient's LABOUR FORCE STATUS?

- 1  Employed
- 2  Unemployed
- 3  Not in the labour force

## IF AGED 16 YEARS OR MORE:

What is the Care Recipient's main SOURCE OF INCOME?

*This item refers to the source by which a person derives most (equal to or greater than 50%) of his/her income. If the person has multiple sources of income and none are equal to or greater than 50%, the one that contributes the largest percentage should be counted.*

- |                            |   |                            |  |
|----------------------------|---|----------------------------|--|
| 1 <input type="checkbox"/> | Disability Support Pension                              | 5 <input type="checkbox"/> | Other Income<br><i>(e.g. superannuation, investments, etc)</i> |
| 2 <input type="checkbox"/> | Other pension or benefit<br><i>(not superannuation)</i> | 6 <input type="checkbox"/> | No income  |
| 3 <input type="checkbox"/> | Paid employment   | 7 <input type="checkbox"/> | Not known  |
| 4 <input type="checkbox"/> | Compensation payments                                   |                            |  |

## IF AGED UNDER 16 YEARS:

Do the Care Recipient's parents or guardian receive the CARER ALLOWANCE (CHILD)?

*This question is not asking about Carer Payment even though some parents of children aged less than 16 years receive it in addition to Carer Allowance (Child).*

- 1  Yes
- 2  No
- 3  Not Known

## PARTICIPATION

To what extent does the *Care Recipient* participate in the following life areas?

This question examines the extent to which Service Users participate in a range of different life areas. In answering this question, for each specified area, please tick the box that best describes the Service User's participation (irrespective of whether assisted or not).

LIFE AREAS	1 Fully	2 Partially	3 Not at All	4 Not Known	5 Not applicable (due to age)
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*For the following Items, 'Not Applicable' (code 5) is a valid response ONLY IF the person is aged LESS THAN 5 YEARS.*

<b>Getting around outside without transport</b> e.g. in streets or in parks; for long or short distances	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
<b>Using transport</b> e.g. trams, trains, taxis, buses or cars	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
<b>Maintaining relationships with family</b> e.g. parents, spouse, children or siblings	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
<b>Maintaining social relationships</b> e.g. with friends or neighbours	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
<b>Recreation or leisure activities</b> e.g. any of...sport, games, hobbies or going to the football, cinema	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

*For the following Items, 'Not Applicable' (code 5) is a valid response ONLY IF the person is aged LESS THAN 15 YEARS.*

<b>Working</b> e.g. includes part-time, casual, full-time & unpaid/volunteer employment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
<b>Handling money</b> e.g. banking, buying things, budgeting or saving money	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

## SUPPORT NEEDS

How often does the *Care Recipient* need personal HELP or SUPERVISION with ACTIVITIES or PARTICIPATION in the following life areas?

Please indicate the level of help or supervision required for each life area (items U042 to U050) by ticking only one level of help or supervision (columns 1 – 5).

	1	2	3	4	5
The person can undertake activities or participate in this life area with this level of personal help or supervision (or would require this level of help or supervision if the person currently helping were not available)	Unable to do or always needs help/supervision in this life area	Sometimes needs help/supervision in this life area	Does not need help/supervision in this life area but uses aids or equipment	Does not need help/supervision in this life area and does not use aids or equipment	Not applicable (due to age)
<b>LIFE AREAS</b>					
<b>Self Care</b> <i>e.g. washing oneself, dressing, eating, toileting</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Mobility</b> <i>e.g. moving around the home and/or moving around away from home (including using public transport or driving a motor vehicle), getting in or out of bed or a chair</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Communication</b> <i>e.g. making self understood, in own native language or preferred method of communication if applicable, and understanding others</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Interpersonal interactions and relationships</b> <i>e.g. actions and behaviours that an individual does to make and keep friends and relationships, behaving within accepted limits, coping with feelings and emotions</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
For the following Items, 'Not Applicable' (code 5) is a valid response ONLY IF the person is aged LESS THAN 5 YEARS.					
<b>Learning, applying knowledge and general tasks and demands</b> <i>e.g. understanding new ideas, remembering, problem solving, decision making, paying attention, undertaking single or multiple tasks, carrying out daily routine</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Education</b> <i>e.g. the actions, behaviours and tasks an individual performs at school, college, or any educational setting</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Community (civic) and economic life</b> <i>e.g. recreation and leisure, religion and spirituality, human rights, political life and citizenship, economic life such as handling money</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

For the following Items, 'Not Applicable' (code 5) is a valid response ONLY IF the person is aged LESS THAN 15 YEARS.



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**Domestic life**

*e.g. organising meals, cleaning, disposing of garbage, housekeeping, shopping, cooking, home maintenance*

1  2  3  4  5

**Working**

*e.g. actions, behaviours and tasks to obtain and retain paid employment*

1  2  3  4  5

**Referring Agency**

Contact Person:

Position:

Name of Service:

Phone:

Address:

Suburb/City:

Fax:

Postcode:

E Mail Address:

Please email or post this form to the Client Services Manager  
BrainLink Services Ltd  
Suite 201, 44 Lakeview Drive, Scoresby, Vic. 3179 or  
Email: [virginia@brainlink.org.au](mailto:virginia@brainlink.org.au)  
More information contact the Client Services Manager on 0488 349 414.

**Office Use Only**

Date: \_\_\_\_\_

Approved  Not Approved

Authorised by:

Comments:

Name:

Position:

CEO: