

Resilience

Resilience PWS Respite Initial Referral

Expression of Interest

Date:	
Details of person completing the form	
Name:	
Relationship to individual interested in Respite:	
Address:	
Contact details (email if applicable and direct phone number):	

Service User Details	
Name:	
DOB:	
Gender:	
Address if different to above:	

Confidential Information – not to be disclosed to Third Parties without prior consent

Ennis
Block 3, Ballymaley Business
Park, Ballymaley, Ennis,
Co Clare, Ireland V95 XD79
T: +353 65 672 2875

Resilience

Primary Carer Contact Details if different to above:	Name: Contact Number:
Consent	Does applicant/family/guardian consent for the sharing of information with Resilience Team for the purpose of reviewing this expression of interest? Yes / No Does applicant/family/guardian consent for the possible completion of an initial assessment by Resilience? Yes / No
Activities the individual enjoys	1 _____ 2 _____ 3 _____ 4 _____ 5 _____
Friends they would like to attend respite with if possible	1 _____ 2 _____
Signature of person completing:	Signed: Date:

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