

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

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