

FORM 1
THE BENEVOLENT SOCIETY
A.B.N. 95 084 695 045

South East Sydney Carer Respite Centre

P O Box 576
Rockdale 2216

Telephone: 9599 0233
Fax: 9599 0540

REQUEST FOR RESPITE SERVICE

To: _____ ("Contractor") Fax: _____

Date: _____ Contact at SESCRC: _____

PRIMARY CARER: _____

ADDRESS: _____

TELEPHONE: (H) _____ (W) _____ (M) _____

RELATIONSHIP TO PERSON BEING CARED FOR: _____

PERSON BEING CARED FOR: _____

ADDRESS: _____

TELEPHONE: _____ DOB: _____

MEDICAL CONDITION/ NATURE OF DISABILITY OF PERSON BEING CARED FOR:

MEDICATION: _____

TO BE ADMINISTERED BY THE CONTRACTOR: YES / NO

RESPITE SERVICE REQUESTED:

TYPE EMERGENCY SHORT TERM

DETAILS OF DURATION AND TYPE OF RESPITE SERVICE REQUESTED:

NEXT OF KIN: _____ TELEPHONE: _____

RELATIONSHIP TO PERSON BEING CARED FOR: _____

LOCAL GP: _____ TELEPHONE: _____

SERVICE PROVIDER TO COMPLETE AND FAX TO SESCRC: FAX: 95990540

Confirmation of Respite Request: _____ **Name of Support Worker:**

Date Confirmed:.....

Please treat Primary Carer as the Client. Any alteration to this service as requested by the Client or Contractor must be approved by the Society beforehand, if possible, where such a delay does not endanger the wellbeing of the person being cared for.

FORM 4
THE BENEVOLENT SOCIETY

A.C.N. 084 695 045

A.B.N. 95 084 695 045

South East Sydney Carer Respite Centre

P O Box 576
Rockdale 2216

Telephone: 9599 0233
Fax: 9599 0540

REQUEST FOR CHANGE OF
RESPITE SERVICE

To: _____ ("Contractor") Fax: _____

Date: _____ Contact at SESCRC: _____

PRIMARY CARER: _____

PERSON BEING CARED FOR: _____

ADDRESS: _____

TELEPHONE: _____ DOB: _____

CHANGES TO DATES AND/OR TIMES OF RESPITE: _____

RESPITE SERVICE REQUESTED:

TYPE EMERGENCY SHORT TERM

SERVICE PROVIDER TO COMPLETE AND FAX TO SESCRC: FAX: 95990540

Confirmation of change to Respite: Name of Support Worker:

Date Confirmed:

Please treat Primary Carer as the Client. Any alteration to this service as requested by the Client or Contractor must be approved by the Society beforehand, if possible where such a delay does not endanger the wellbeing of the person being cared for.

FORM 2

THE BENEVOLENT SOCIETY

A.C.N. 084 695 045

A.B.N. 95 084 695 045

South East Sydney Carer Respite Centre

P O Box 576
Rockdale 2216

Telephone: 9599 0233
Fax: 9599 0540

REQUEST FOR EXTENSION OF
RESPITE SERVICE

To: _____ ("Contractor") Fax: _____

Date: _____ Contact at SESCRC: _____

PRIMARY CARER: _____

PERSON BEING CARED FOR: _____

ADDRESS: _____

TELEPHONE: _____ DOB: _____

CHANGE IN SITUATION: _____

RESPITE SERVICE REQUESTED:

TYPE EMERGENCY SHORT TERM

DETAILS OF DURATION AND TYPE OF RESPITE SERVICE REQUESTED:

TERM FOR WHICH THE SERVICES HAVE BEEN EXTENDED:

SERVICE PROVIDER TO COMPLETE AND FAX TO SESCRC: FAX: 95990540	
<u>Confirmation of Respite Request:</u>	<u>Name of Support Worker:</u>
	<u>Date Confirmed:</u>

Please treat Primary Carer as the Client. Any alteration to this service as requested by the Client or Contractor must be approved by the Society beforehand, if possible where such a delay does not endanger the wellbeing of the person being cared for.

FORM 3
THE BENEVOLENT SOCIETY
A.B.N. 95 084 695 045

South East Sydney Carer Respite Centre

P O Box 576
Rockdale 2216

Telephone: 9599 0233
Fax: 9599 0540

**CANCELLATION OF REQUEST FOR
RESPITE SERVICE**

To: _____ ("Contractor") Fax: _____

Date: _____ Contact at SESCRC: _____

RESPITE SERVICES TO BE CANCELLED:

PRIMARY CARER: _____

PERSON BEING CARED FOR: _____

ADDRESS: _____

TELEPHONE: _____ **DOB:** _____

DATES AND TIMES TO BE CANCELLED: _____

<u>SERVICE PROVIDER TO COMPLETE AND FAX TO SESCRC: FAX: 95990540</u>	
<u>Confirmation of Cancellation of Respite:</u>	<u>Name of Person:</u>
	<u>Date Cancelled:</u>

Please treat Primary Carer as the Client. Any alteration to this service as requested by the Client or Contractor must be approved by the Society beforehand, if possible where such a delay does not endanger the wellbeing of the person being cared for.