

**Brothers of Charity Services Ireland - West Region**

**New Applicants - Children’s Services Application Form (Part 1)**

***(To be completed in full by parent/guardian OR in consultation with relevant healthcare professional)***

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| **Name of Applicant:** | | | |
| **Forename: (as appears on birth certificate):** | **Middle name: (as appears on birth certificate):** | **Surname: (as appears on birth certificate):** | **Name child is known as, if different:** |
| **Address:** | | **Date of Birth:** | **Male**  **Female**  **Other**  **Prefer not to Say** |
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|  | |
| **Eircode:** | |
| Type of service required (please give details): | |  | |
| Date service required: | |  | |

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| --- | --- | --- | --- |
|  | | | |
| **Name of Parent/Guardian 1** | | **Name of Parent/Guardian 2** | |
| Forename: | Surname: | Forename: | Surname: |
| Address – please tick if same as child otherwise record below: | | Address – please tick if same as child  otherwise record below: | |
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|  | |  | |
|  | |  | |
| Eircode: | | Eircode: | |
| Home phone: |  | Home phone: |  |
| Mobile: |  | Mobile: |  |
| Email: |  | Email: |  |
| Relationship to child: |  | Relationship to child: |  |
|  | | | |

|  |  |
| --- | --- |
| Psychology Report and/or Children Disability Network Team Report (if available please attach). | Yes  No |
| Diagnosis (if known): | Level of Intellectual Disability (if applicable): |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Please list below professionals currently supporting the child** | | | |
| **Service** | **Name** | **Contact Details Phone No.** | **Email address** |
| Keyworker |  |  |  |
| Psychologist |  |  |  |
| Other (if applicable) |  |  |  |
| Other (if applicable) |  |  |  |
| Other (if applicable) |  |  |  |

|  |  |  |
| --- | --- | --- |
| Signature of Parent/Guardian 1: |  | Date: |
| Signature of Parent/Guardian 2: |  | Date: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referrer’s name: |  | | Referrer’s title: |  |
| Referrer’s signature: |  | | Date form completed: |  |
| Referrer’s Number | Landline: |  | Mobile: |  |
| Email: |  | | | |

***Please forward completed form to one of the following:***

|  |  |
| --- | --- |
| ***Galway & Roscommon Children’s Sector Manager*** | |
| *Brothers of Charity Services Ireland – West Region* | *Brothers of Charity Services Ireland – West Region* |
| *Woodlands Centre* | *Brothers of Charity Services West* |
| *Renmore* | *Lanesboro Street* |
| *Galway* | *Roscommon* |
| *H91 KN20* | *F42 XA62* |

|  |  |
| --- | --- |
| Date form received: |  |