

# Enquiry Form

Date:					
Full Name:			Primary Contact Number:		
Primary Address:		Primary Email (optional):			
Type of Carer/s					
Are you caring for someone with a disability, mental health condition, chronic illness, or someone who is frail aged?	<input type="checkbox"/> YES	Number of possible Young Carers:		Urgent Support?	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	Number of possible Older Carers:			<input type="checkbox"/> NO
Verbal Consent:	<input type="checkbox"/> YES	Preferred Contact Method:	<input type="checkbox"/> Phone	Call Back Timeframe:	<input type="checkbox"/> 0 - 7 Days
	<input type="checkbox"/> NO		<input type="checkbox"/> Email		<input type="checkbox"/> 7 - 14 Days
Relationship to Care Recipient:	<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Worker <input type="checkbox"/> Other		<input type="checkbox"/> SMS		<input type="checkbox"/> 14 - 30 Days
Additional Information:					



When complete save this form and email to NWRH Carer Gateway services:  
[CGSReferral@nwrh.com.au](mailto:CGSReferral@nwrh.com.au)

To find out more about Carer Gateway visit [carergateway.gov.au](http://carergateway.gov.au) or call **1800 422 737** Monday to Friday, 8am to 5pm. Emergency respite support available 24/7.