

Referrers Details

Date of Referral:	
Referring Organisation:	
Name:	Job Title:
Contact Phone number:	
Contact Email:	
Has the Carers given their consent to this referral? (<i>answer required</i>)	

Carers Details

Name:	
Address:	
	Post code:
Telephone number: Can we leave a message?	Mobile number:
Email:	
What is the best way to make contact with the Carer?	
Does the Carer have a good understanding of written & spoken English?	
Is there anything we should be aware of when making contact?	

Equality Data (please complete if you know any of the following, as this may save us asking again)

Date of Birth:	Gender:
Sexual Orientation:	Religion:
Ethnicity:	
Does the carer have a Disability?	

About the Cared For Person

Name:
Relationship to the Carer:
Dependent's Condition/Disability:
Has this been formally diagnosed? <i>If not is this under investigation by a medical or mental health professional?</i>
Does the dependent live with the Carer <i>If no, please give address or living arrangement (e.g., residential/nursing home, own home, with another family member)</i>

Brief description of caring responsibilities

What support is the carer providing e.g., personal care, emotional support, practical support, financial/admin assistance) and how often?

Does anyone else, including paid care, provide care support and if so, who?

A description of what action your organisation is taking to assist the carer?

Have you referred/signposted the carer to another organisation?

Has the carer had a Carers Assessment?

If yes, when did they have their assessment and details of assessor?

If the carer is being referred for a carer's assessment, is there anything specific they would like for themselves or for the cared-for person?

What is the purpose of this referral to the service? (tick all applicable)

- | | | | |
|---|--------------------------|---------------------------------------|--------------------------|
| Information and advice | <input type="checkbox"/> | Emotional or Wellbeing support | <input type="checkbox"/> |
| Contact with other carers | <input type="checkbox"/> | Other (please clarify below) | <input type="checkbox"/> |
| Social/Physical Activities | <input type="checkbox"/> | | |
| Newsletter and Carer information | <input type="checkbox"/> | | |

