

**Referral Form for carers age 16+**

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| **Referrer Details** |
| **Your Name** |  | **Date** |  |
| **Organisation** | **Post Code** | **Post Code** |  |
| **Job Title** |  |
| **Office Number** |  | **Mobile Number** |  |
| **E-mail Address** |  |
| **Carer Details** |
| **Full Name** |  |
| **Full Address** |  |
| **Date of Birth** |  | **Contact Number**  |  |
| **E-mail Address** |  |
| **First Language** |  |  **Interpreter Needed?** |  |
| **Cared for Illness** |  |
| **Any Risks / Further info?** |  |
| **Cared for resides in LBTH?** |  | **Cared for over 16?** |  |

**Reason for referral (please tick as many as necessary)**

[ ] **Advocacy** [ ] **Financial Assessment** [ ] **Respite**

[ ] **Benefits Support** [ ] **Housing Support** [ ] **Support Groups**

[ ] **Carers Assessment** [ ] **Information & Advice** [ ] **Training**

[ ] **Carers Hospital Support** [ ] **Lasting Power of Attorney** [ ] **Young Adult Carers Support**

**Where did you hear about our service?**

[ ] **Colleague** [ ] **GP** [ ] **Family Member** [ ] **Friend** [ ] **Online** [ ] **Poster or Leaflet**

[ ] **Professional Service (state):** [ ] **Other (state):**

**Please E-mail referral to:** **referrals@ccth.org.uk** **or post to : The Carers Centre, 21 Brayford Square, Stepney, London, E1 0SG. If you have any queries, please telephone 0207 790 1765. Thank You**

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