Referral Form for carers age 16+

CARERS CENTRE TOWER HAMLETS

Referrer Details			
Your Name		Date	
Organisation		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
- ☐ Benefits Support
- ☐ Carers Assessment
- ☐ Carers Hospital Support
- ☐ Financial Assessment
- ☐ Housing Support
- ☐ Information & Advice
- ☐ Lasting Power of Attorney
- ☐ Respite
- ☐ Support Groups
- ☐ Training
- ☐ 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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