**Carers Connections**

**Referral Form**

**Please complete the form clearly with as much information as possible**

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| **SECTION A:** REFERRER DETAILS**I am referring Someone Else (Please complete Section A & B and remaining questions)****I am referring Myself (Please complete Section B and remaining questions)** |
| **Name:** |
| **Organisation:**  |
| **Tel. Number:**  |  **Mobile Tel. Number:** |
| **E-mail:**  |
| **SECTION B:** DETAILS OF PERSON/MY DETAILS |
| **Name:**  | **D.O.B:**  |
| **Your age - if you prefer, please tick one of the following boxes:** **20 or under 21 – 25 26 – 35 36 – 45 46 – 55**  **56 – 65 66 – 75 76 – 85 86+**  |
| **Address:**  |
| **E-mail:**  |
| **Phone No:**  | **Mobile:**  |
| **Gender**:  | **Do you/the person live alone?**  |
| **Ethnicity** (or Prefer Not to Say)**:** **White UK** | **Sexuality** (or Prefer Not to Say)**:** |
| **Religion** | **Do you have a Disability?** (or Prefer Not to Say), if yes, please state what**:** |
| **Accommodation Type:**  | **Employment Status:**  |
| **Are you an Unpaid Carer?**  YES NO |
| **Language/s spoken:** English Somali Bengali / Sylheti CantoneseVietnamese **If other, please specify:** |
| **How would you/the person prefer to be contacted?**Landline: Mobile Tel:  Letter: E-mail: Via another person: **Please provide the contact person’s name, relationship and their phone number/s.**Name: Relationship:Tel. Number/s:  |

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| **Please list any health issues identified:** |

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| **Please list any risks identified:** |

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| **Reason for referral/contact:**  |

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| **AREA REQUIRING SUPPORT** |
| Information & Advice |  | Accessing Community Organisation |  |
| Support Groups |  | Health & Wellbeing |  |
| 121 Support |  | Carers Support: General |  |
| Welfare Benefits |  | Other (Please Specify) |  |

**Disclosure of information and Confidentiality Agreement**

I understand that the information I have given today will be stored in paper form as well as electronically. It has been explained to me that it will be stored securely in line with the data protection policy.

I understand that the information will be shared with the agencies indicated on page one of this referral form.

**Consent**

In order to give you the most appropriate level of support it may be necessary to work with other agencies.

I hereby give my consent for relevant information related to my assessment to be shared with other relevant agencies when it is believed it will help address specific support need.

**CLIENT NAME:** **SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE:**

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| **Return to:** **Angela Wareham:** City Carers Coordinator**Address:** Carers Centre Tower Hamlets, 21 Brayford Square, London, E1 0SG**Email Address:** angela@ccth.org.uk**Telephone:** 07380 182 458  |

**REFERRER NAME:**

**DATE: SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**