

Please complete this form in **BLOCK CAPITALS**. Questions marked * are compulsory

PROFESSIONAL'S DETAILS	
Date	Is this an urgent referral? YES <input type="checkbox"/> NO <input type="checkbox"/>
First name	Last name
Job title	Organisation
Tel: Work	Tel: Mobile
Email	

CARER'S DETAILS		
Title*	First name*	Last name*
Address*		
		Postcode
Tel: Home*		Tel: Work
Tel: Mobile*		Email
Date of birth*	Age	Gender
Disability/health condition*		
LAS Number*		
Relationship to the person cared for		
My husband/wife/partner <input type="checkbox"/>	My parent <input type="checkbox"/>	My sibling <input type="checkbox"/> My friend <input type="checkbox"/>
My child over 18 <input type="checkbox"/>	My brother or sister <input type="checkbox"/>	Another family member <input type="checkbox"/>

DETAILS OF PERSON CARED FOR (if consent has been given to include this)		
Title*	First Name*	Last Name*
Address (if different)*		
		Postcode
Date of birth*	Age	Gender
Disability/health condition*		
LAS Number*		

SERVICE REQUIRED - PLEASE TICK ONE

Proactive support to alleviate carer stress

Can include information and advice; emotional support; discretionary grants; practical help; health and wellbeing activities; respite service; bereavement support; free PPE supplies. Please note we are not able to undertake home visits.

Urgent risk of the caring role breaking down

Can include urgent short-term care in the home provided by CQC registered care provider; emergency planning support.

In order for us to best support the client you are referring, please complete this section as fully as possible, giving the reason for referral and current issues. Please also indicate if there are any safeguarding concerns.

Has carer had a carer's assessment previously?

YES

NO

Consent

In accordance with the General Data Protection Regulation 2018 (GDPR), the information that you provide on this referral form will be entered into a secure, password protected database and any paper copies will be held in a locked filing cabinet. Please ask for our Privacy Statement for more information about how we collect and process data.

THIRD PARTY CONSENT (please tick)

I have the consent of the carer to make this referral on their behalf.

I have the consent of the cared for to include their details in this referral.

I have the consent of the carer to be registered with the Carers Information Service/Carers Support Centre

First name	Last name
Signature	Date

Carers Information Service, Carers Support Centre, 24 George Street, Croydon CR0 1PB

 020 8663 5674
 informingcarers

 ccps@carersinfo.org.uk
 @informingcarers

 carersinfo.org.uk

**john
whitgift
foundation**

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