

CARERS IDENTIFICATION AND REFERRAL FORM

DO YOU LOOK AFTER SOMEONE WHO IS ILL, FRAIL, DISABLED OR MENTALLY ILL?

If so, you are a carer and we would like to support you.

Please complete this form and hand it in to reception.

If you are agreeable, we will pass your details to Social Services, who can provide relevant information and advice and local support services for carers.

We will also refer you, with your permission, to have your needs assessed by Social Services. A Carers Assessment is a chance to talk about your needs as a carer and the possible ways help could be given. It can also look at the needs of the person you care for. This could be done separately, or together, depending on the situation. There is no charge for an assessment.

YOUR DETAILS:

Name	
Date Of Birth	
Address	
Post Code	
Telephone Number	
Mobile Number	
Relationship to person you care for	
Any relevant information	

DETAILS OF THE PERSON YOU LOOK AFTER:

Name	
Date Of Birth	
Address (If Different From Above)	
Post Code	
Telephone Number	
GP Details (If Different From Your Own)	

Please pass my details to the Social Service

Please refer me to Social Services for a Carers Assessment

Thank you for completing this form