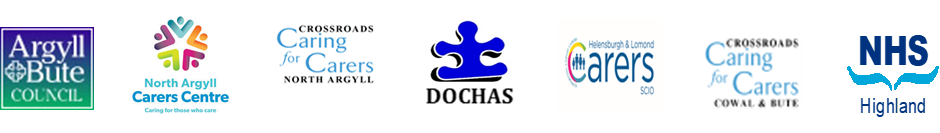
**CARER’S REFERRAL FORM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **About the Carer** | | | | | | | |
| Title | | |  | | | | |
| First Name | | |  | | | | |
| Surname | | |  | | | | |
| Address | | |  | | | | |
| Postcode | | |  | | | | |
| Landline | | |  | | | | |
| Mobile | | |  | | | | |
| Email address | | |  | | | | |
| Preferred contact method | | | Post  Landline  Mobile  Email | | | | |
| Gender | | |  | | | | |
| Date of Birth | | |  | | | | |
| Age | | |  | | | | |
| Is an advocate required? | | | Yes  No | | | | |
| Is an interpreter required? | | | Yes  No | | | | |
| Does carer live with person they care for | | | Yes  No | | | | |
| How long has the carer been providing care? | | |  | | | | |
| Carer’s GP/Medical Practice (if known) | | |  | | | | |
| Carer health - please advise of any issues/disabilities | | |  | | | | |
| **As well as caring does the carer have other responsibilities?** | | | | | | | |
| Full Time work (over 16 hours) | | | |  | Part Time work (less than 16 hours) | |  |
| School/Further Education/Training | | | |  | Family Commitments | |  |
| Voluntary Work | | | |  | Other (specify below | |  |
|  | | | | | | | |
| **Referral type** | | | | | | | |
| Adult Carer Support Plan  Young Carers Statement  Other | | | | | | | |
| **Cared-for person** | | | | | | | |
| Name of cared-for person | | |  | | | | |
| Cared-for person’s age | | |  | | | | |
| Relationship to carer | | |  | | | | |
| **Caring role** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **Referrer Details** | | | | | | | |
| Name |  | | | | | | |
| Designation/role |  | | | | | | |
| Contact number |  | | | | | | |
| Email address |  | | | | | | |
| Reason for referral |  | | | | | | |
| Support currently provided by referrer/referral organisation: | | | | | | | |
|  | | | | | | | |
| **Permission to share information** | | | | | | | |
| Has the carer consented to this referral and the sharing of their information to other agencies? | | | | | | Yes  No | |
| Carer’s signature: | |  | | | | | |
| Date: | |  | | | | | |
| Parent/guardian’s signature (if required): | |  | | | | | |
| Date: | |  | | | | | |
| Referrer’s signature: | |  | | | | | |
| Date: | |  | | | | | |

**Thank you for completing this referral form. Please post or email it to:**

|  |
| --- |
| ***For: Cowal & Bute***  Crossroads 61-63 Argyll Street, Dunoon PA23 7HG  Email: [carers@crossroadscowalandbute.org.uk](mailto:carers@crossroadscowalandbute.org.uk)  Tel: 01369 707700 |
| ***For: Oban, Lorn and the Isles***  North Argyll Carers Centre, Albany Street, Oban PA34 4AL  Email: [info@northargyllcarers.org.uk](mailto:info@northargyllcarers.org.uk)  Tel: 01631 564422 |
| ***For: Helensburgh & Lomond,***  Helensburgh & Lomond Carers, 17E East King Street, Helensburgh G84 7QQ  Email: [admin@hlcp.helensburgh.co.uk](mailto:admin@hlcp.helensburgh.co.uk)  Tel: 01436 673444 |
| ***For: Mid Argyll, Kintyre & Islay (adult carers)***  Dochas Carers Centre, 50 Campbell Street, Lochgilphead PA31 8JU Email: [enquiry@dochas.scot](mailto:enquiry@dochas.scot)  Tel: 01546 600022 |
| ***For: Mid Argyll, Kintyre & Islay (young carers)***  Mid Argyll Youth Development Service (MAYDS) 50 A Union Street Lochgilphead PA31 8JS  Email: [info@mayds.org.uk](mailto:info@mayds.org.uk)  Tel: 01546 603231 |