**CARER’S REFERRAL FORM**

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| --- |
| **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:**

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| ***For: Cowal & Bute*** Crossroads 61-63 Argyll Street, Dunoon PA23 7HG Email: carers@crossroadscowalandbute.org.ukTel: 01369 707700 |
| ***For: Oban, Lorn and the Isles*** North Argyll Carers Centre, Albany Street, Oban PA34 4AL Email: 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 Tel: 01436 673444 |
| ***For: Mid Argyll, Kintyre & Islay (adult carers)*** Dochas Carers Centre, 50 Campbell Street, Lochgilphead PA31 8JU Email: 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 8JSEmail: info@mayds.org.uk Tel: 01546 603231 |