

Please complete this form in **BLOCK CAPITALS**.

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

DETAILS OF PERSON CARED FOR (if consent has been given to include this)		
First Name	Last Name	
Address (if different)		
Postcode		
Date of birth	Age	Gender
Disability or health concerns		

REASON FOR REFERRAL (please tick)

Information, advice and support

**Including free information pack, access to specialist advice surgeries, one-to-one casework support, health and wellbeing activities and support groups.*

Statutory Carer's Assessment

**A Carer's Assessment is for adult carers of adults who need support due to illness, disability or old age. The Carer's Assessment meeting can be conducted by telephone or in person at the Carers Support Centre and may take up to two hours. Where eligible, carers can have their support needs met by a range of options available in Croydon.*

PLEASE ADD ANY FURTHER INFORMATION THAT WILL HELP US TO BEST SUPPORT YOUR CLIENT

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.

First name	Last name
Signature	Date

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

 020 8649 9339 (option 1)
 informingcarers

 info@carersinfo.org.uk
 carers information service

 carersinfo.org.uk
 @informingcarers

To submit this form, save a copy to your computer, then email to assessments@carersinfo.org.uk