 

**Carers Community Support Referral form** *please complete in full*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Carer’s full name:** | Mr  Mrs  Miss  Ms |  | | |
| **Carer’s address and postcode:** | | | | |
| **Carer’s telephone number (s):** | | | | |
| **Email address:** | | | | |
| **Contact preference:** | | | | |
| **Where did you hear about the service?** | | | | |
| **Have you got access to Facebook/Instagram?** Follow us at [North Somerset Carers Support](https://www.facebook.com/nscarerssupport/) | | | | |
| **Date of birth:** | | **Gender:** | | |
| **Ethnicity:** | | **Religion:** | | **Preferred Language:** |
| **Has consent for referral been given?** | | | | |
| **GP Surgery:** | | | **Does the GP know that you are a carer?**  Yes  No | |
| **Has the Carer had a Carers Assessment?** Yes  No  *(if no and you think the Carer would benefit from a full assessment ask the next question)*.  **Would you like to be referred to NSC for a full Carer Assessment** Yes  No | | | | |
| **Does the Carer have any illnesses/disabilities, if so please provide details?** | | | | |
| **Cared for’s name:** | | | | |
| **Cared for’s address and postcode:** | | | | |
| **Relationship to the carer:** | | | **Date of birth:** | |
| **GP Surgery:** | | | | |
| **Please list all known health conditions of the Cared for:** | | | | |
| **Brief description of current situation and reason for referral/ what support the Carer wishes to access (groups or early intervention):** | | | | |
| **What support/services are currently in place?** | | | | |
| **Are there any known risks?** | | | | |
| **Referral date:**  **Referred by name:**  **Referred by Company/Team:**  **Contact number:** | | | | |
| **Who did original Referral come from? if SPA making Referral to us:** | | | | |

Please return this form via Email to: [**Carersupport@alliancehomes.org.uk**](mailto:Carersupport@alliancehomes.org.uk)If you do not have access to secure email, please password

protect this document before sending. To obtain current password used by our team please call **03000 120 120 option 3**.

0139 11 22