

**Carers Community Support Referral Form –** *please complete in full*

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| **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 |
| 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 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 If you do not have access to secure email, please password protect this document before sending.