

**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](mailto:Carersupport@alliancehomes.org.uk) If you do not have access to secure email, please password protect this document before sending.