

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

PROFESSIONAL'S DETAILS

Date	Are there safeguarding concerns (carer and/or cared for person)?	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, INCLUDING ANY SAFEGUARDING CONCERNS.

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.

I have the consent of the carer to be registered with the Carers Information Service/Carers Support Centre.

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

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