 **Private and Confidential**

**Nottingham City and Nottinghamshire County**

**Carers Hub Referral Form**

**Please return the completed form via email to:** [**carershubreferrals@carersfederation.co.uk**](mailto:carershubreferrals@carersfederation.co.uk)

**Or post to: Carers Federation, Carers hub service, 21-23, Christopher Cargill House, Pelham Rd, Nottingham NG5 1AP.**

**If you require further information, contact us on 0808 802 1777**

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| **REFER DETAILS including SELF REFERRAL DETAILS** | | | | | | | | | |
| Please ensure all fields are completed, missing information could mean a delay in Carers accessing support. | | | | | | | | | |
| **Area of referral:** | **City** | |  | | **County** | | |  | |
| **Name of Referrer:** |  | | | | | | | | |
| **Name of self-refer if applicable:** |  | | | | | | | | |
| **Agency Name:** |  | | | | | | | | |
| **Telephone Number:** |  | | | | | | | | |
| **Email Address:** |  | | | | | | | | |
| **Date of Request:** |  | | | | | | | | |
| **Consent for Referral from Carer Given:** | Signed consent given |  | | Verbal consent given | |  | Date consent given | |  |

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| **CARER CONTACT DETAILS** | | | | | | | | | | | |
| **Gender:** | **Male** |  | **Female** | |  | | **Other** | | |  | |
| **Title:** |  | | | | | | | | | | |
| **Forename(s):** |  | | | | | | | | | | |
| **Surname:** |  | | | | | | | | | | |
| **Address and Postcode:** |  | | | | | | | | | | |
| **Date of Birth:** |  | **Ethnicity:** |  | | | **Religion:** | | |  | | |
| **Telephone Contact details:** | **Mobile** |  | | | | **Landline** | | |  | | |
| **Emergency contact details:** |  | | | | | | | | | | |
| **Email Address:** |  | | | | | | | | | | |
| **Relationship to Cared For:** |  | | | | | | | | | | |
| **GP Surgery details:** |  | | | | | | | | | | |
| **Communication needs:** |  | | | | | | | | | | |
| **Level of care that Carer is providing.**  **(Insert X in appropriate box)** | **High:** |  | **Medium:** |  | | | | **Low:** | | |  |

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| --- | --- | --- |
| **REASON FOR REFERRAL:** | | |
|  | X those that apply | **Why** – Please provide as much detailed information in each box to enable the right level of support for carers. |
| **Registered with Carers Hub** |  |  |
| **Statutory Carers Assessment** |  |  |
| **Respite Services** |  |  |
| **Support Groups** |  |  |
| **Connecting to Community Networks** |  |  |
| **Information & Advice** |  |  |
| **Emotional Support** |  |  |
| **Training Courses** |  |  |
| **Newsletter** |  |  |
| **Other** |  |  |
| **ANY OTHER INFORMATION** eg*; any risks visiting the property, parking, any safeguarding concerns etc* | | | |
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| **CARED FOR DETAILS** | | | | | | | | |
| **Gender:** | **Male** |  | **Female** | |  | **Other** |  | |
| **Title:** |  | | | | | | | |
| **Forenames** |  | | | | | | | |
| **Surname/s** |  | | | | | | | |
| **Address if different from carer:** |  | | | | | | | |
| **Date of Birth:** |  | | **Ethnicity:** |  | | **Religion:** | |  |
| **Health Condition / Disability** |  | | | | | | | |
| **GP Surgery details:** |  | | | | | | | |
| **Consent for referral from Cared For given** |  | | | | | | | |
| **If unable to give consent, please give reason** |  | | | | | | | |

**Please note**: If you wish to read or download our privacy policy statement before you refer to the service you can visit our website at: [www.carersfederation.co.uk](http://www.carersfederation.co.uk)