 **Private and Confidential**

**Nottingham City and Nottinghamshire County**

**Carers Hub Referral Form**

**Please return the completed form via email to:** **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)