**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** |
| **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 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:** | **[ ]**  |
|  **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:**  |  |
| **REASON FOR REFERRAL: SEE BELOW** |
| **Carers Assessment**  |  |
| **Statutory Carers Assessment**  |  |
| **Respite Services** |  |
| **Support Groups** |  |
| **Sign posting**  |  |
| **Information & Advice** |  |
| **Emotional Support** |  |
| **Training Courses**  |  |
| **Other** |  |
| **ANY OTHER INFORMATION** eg*; any risks visiting the property, parking, any safeguarding concerns etc* |
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| **OFFICE USE ONLY**  |
| Adult Carer ID No. |  | Area: |  |
| Received Date |  |
| Open Date  |  |
| Closed Date |  |
| Telephone Assessment |  |
| Face to face Assessment  |  |
| Statutory Carers Assessment Date  |  |
| Tier |  |

**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)