

CARERS IDENTIFICATION AND REFERRAL FORM

DO YOU LOOK AFTER SOMEONE WHO IS ILL, FRAIL, DISABLED OR MENTALLY ILL?

If so, you are a carer and we would like to support you.

Please complete this form and hand it in to reception.

If you are agreeable, we will pass your details to Carers Association Southern Staffordshire, The Carers Centre, Austin Friars, Stafford (CASS), ST17 4AP, which is a countywide organisation providing relevant information and advice, local support services and newsletter.

YOUR DETAILS

Name	
Date Of Birth	
Address	
Post Code	
GP	
Telephone Number	
Any relevant information	

DETAILS OF THE PERSON YOU LOOK AFTER

Name	
Date Of Birth	
ADDRESS (If Different From Above) Post Code	
GP	
Telephone Number (If Different From Above)	
GP Details (If Different From Your Own)	

Please pass my details to CASS

Thank you for completing this form