 

**Carers Community Support Referral form** *please complete in full*

|  |  |  |
| --- | --- | --- |
| **Carer’s full name:** | Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]   |   |
| **Carer’s address and postcode:**  |
| **Carer’s telephone number (s):**  |
| **Email address:**  |
| **Contact preference:**  |
| **Where did you hear about the service?**  |
| **Have you got access to Facebook/Instagram?** Follow us at [North Somerset Carers Support](https://www.facebook.com/nscarerssupport/) |
| **Date of birth:**  | **Gender:**  |
| **Ethnicity:**  | **Religion:**  | **Preferred Language:**  |
| **Has consent for referral been given?**  |
| **GP Surgery:**  | **Does the GP know that you are a carer?**Yes [ ]  No [ ]   |
| **Has the Carer had a Carers Assessment?** Yes [ ]  No [ ]  *(if no and you think the Carer would benefit from a full assessment ask the next question)*.**Would you like to be referred to NSC for a full Carer Assessment** Yes [ ]  No [ ]   |
| **Does the Carer have any illnesses/disabilities, if so please provide details?**  |
| **Cared for’s name:**  |
| **Cared for’s address and postcode:**  |
| **Relationship to the carer:**  | **Date of birth:**  |
| **GP Surgery:**  |
| **Please list all known health conditions of the Cared for:**  |
| **Brief description of current situation and reason for referral/ what support the Carer wishes to access (groups or early intervention):**  |
| **What support/services are currently in place?**  |
| **Are there any known risks?**  |
| **Referral date:**  **Referred by name:** **Referred by Company/Team:**  **Contact number:**  |
| **Who did original Referral come from? if SPA making Referral to us:**  |

Please return this form via Email to: **Carersupport@alliancehomes.org.uk**If you do not have access to secure email, please password

protect this document before sending. To obtain current password used by our team please call **03000 120 120 option 3**.

0139 11 22