

New Carer Referral Form

Private & Confidential

Lanarkshire
Carers Centre



Referral Date:

* denotes mandatory details which must be provided

Carer Details

First name*: Surname*:

Address*: Tel. number*:

..... Other number:

Town/City*: Postcode*:

Email:

Date of Birth: Gender*: Male Female

Preferred method and time of contact:

Carers Ethnicity*:

Scottish	<input type="checkbox"/>	Other British	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Other White Background	<input type="checkbox"/>	Mixed Background	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Other Asian Background	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>
Other Black Background	<input type="checkbox"/>	Polish	<input type="checkbox"/>		

1st Language: 2nd Language:

Economic Status:

Employed Full Time	<input type="checkbox"/>	Employed Part Time	<input type="checkbox"/>	Full Time Education	<input type="checkbox"/>
Part Time Education	<input type="checkbox"/>	Retired	<input type="checkbox"/>	In Receipt of Benefits	<input type="checkbox"/>
Currently Seeking Employment Opportunities	<input type="checkbox"/>	Unknown / Prefer not to say	<input type="checkbox"/>		

Have you (the carer) experienced any health issues as a result of your caring role?

Yes No Unknown / Prefer not to say

If yes, please state:

.....
When did you (the carer) start caring for the person being cared for?

How many hours per week do you (the carer) spend caring for the person being cared for?

1-5 hours per week	<input type="checkbox"/>	6-20 hours per week	<input type="checkbox"/>	21-35 hours per week	<input type="checkbox"/>
36-50 hours per week	<input type="checkbox"/>	51-75 hours per week	<input type="checkbox"/>	75+ hours per week	<input type="checkbox"/>
Unknown / Prefer not to say	<input type="checkbox"/>				

Are you (the carer) engaging with other agencies or organisations regarding your caring role?

Yes No Unknown /
Prefer not to say

If yes, which agencies or organisations?

About the person being cared for

Cared for Name*: -----

Date of Birth: ----- Gender: Male Female

Does the person being cared for live at the same address as the carer?

Yes No If no, where do
they live: -----

Cared For Ethnicity:

Scottish	<input type="checkbox"/>	Other British	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Other White Background	<input type="checkbox"/>	Mixed Background	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Other Asian Background	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>
Other Black Background	<input type="checkbox"/>	Polish	<input type="checkbox"/>		

1st Language: ----- 2nd Language: -----

Relationship to carer: -----

Cared For Condition/Illness*: -----

Referrer Details

Is this a self referral?*

Yes No

If no, please provide your details*:

Name:

Organisation:

Telephone number:

Email address:

Reason for referral*:

Information on Centre Services

Steps of Caring

One to one support

Carer Registration Card

Carer Support Groups

Short Breaks

Pampering/Foot Clinic

Other (please state underneath)

Training

Please use this space to provide any specific details regarding the referral (optional):

Is this a priority referral?*

Yes No

If yes, please state why*:

Declaration

Lanarkshire Carers Centre will store and process the information provided on this referral form, or any subsequent information provided, in a secure and sensitive manner in line with the Data Protection Act. This information may be used and shared anonymously with other partner organisations for reporting and monitoring purposes. Lanarkshire Carers Centre will not disclose any of the information captured with other organisations or individuals without the carers consent unless the person's safety and well-being may be affected.

For further guidance on how personal information should be handled can be found on the Commissioner's Office website: www.ico.org.uk

I (the carer) confirm that I have read and understand this declaration and give permission for my personal information to be stored. If this referral is being made on behalf of a carer, I (the person making the referral) have explained to the carer how their personal information will be used and obtained their permission to share this information with Lanarkshire Carers Centre

(please tick to confirm the above)*

All new carers and professionals will automatically be added to our mailing list and will receive a monthly newsletter by email if an email address has been provided. If you do not wish to receive this material, please tick the box below to opt out.

(tick to opt out only)

Once complete please return this referral form to:

**Lanarkshire Carers Centre
Unit 1a, Princes Gate
60 Castle Street
Hamilton, ML3 6BU**

Alternatively you can send via fax to:
01698 284 708