

New Carer Referral Form

Private & Confidential

Lanarkshire
Carers Centre



Please note, not all sections of this form need to be completed to make a referral but any additional information you provide at this stage will be helpful. Certain information must be provided in order for us to deal with your request (* denotes mandatory information).

You can also make a referral by telephone. Please call us on 01698 428090 or 01236 755550, ensuring you have all of the relevant information.

Referral date:

Carer Details

First name*: Surname*:

Address*: Tel. number*:

..... Other number:

Town/City*: Postcode*:

Email:

Date of Birth: Gender*: Male Female
Transgender Prefer not to say

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"/>	Unknown / Prefer not to say	<input type="checkbox"/>

Is interpretation required? Yes No

Do you (the carer) have any health issues?

Yes No Unknown /
Prefer not to say

If yes, please state:

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

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(s) being cared for

Cared for Name*:

Date of Birth: Gender: Male Female
Transgender Prefer not to say

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

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

Relationship to carer:

Cared For Condition/Illness*:

If you care for more than one person, please provide their details below:

Referrer Details

Is this a self-referral?*

Yes

No

If no, please provide your details*:

Name:

Organisation:

Telephone number:

Email address:

Reason for Referral: what support do you (the carer) require in relation to your caring role*:

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 below)

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*:

Privacy Statement

The personal information you provide is used by us (Lanarkshire Carers Centre) for the sole purpose of supporting you (the carer) in your caring role.

We will always process the information you provide in a secure and sensitive manner, in line with relevant Data Protection legislation.

We will not disclose any personal information you provide to any other organisation without your consent. If you do give us your consent, you can withdraw this at any time by getting in touch with us.

We may need to share personal information without your consent if an individual's safety and well-being is at risk or there is a legal requirement to do so.

We may share some of the data you provide anonymously with other organisations for reporting and monitoring purposes. These organisations include North and South Lanarkshire Health and Social Care Partnerships and the Scottish Government.

If you do not wish to provide certain personal information then please let us know, however this may restrict the level of support we can provide to you.

You have certain rights on how organisations like ourselves capture, process and share your personal information. Further details can be found within the privacy policy on our website at www.lanarkshirecarerscentre.org.uk/privacy

A printed version of this policy can also be provided on request.

Please tick to confirm you (the carer) have read our privacy statement*

You can also sign up to our mailing list, where you will receive regular updates from ourselves by post or e-mail if an e-mail address is provided. If you wish to sign up, please tick the box below to opt in.

Tick to opt in to our mailing list

Once complete please return this referral form by post to:

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

OR

**Lanarkshire Carers Centre
92 Hallcraig Street
Airdrie
ML6 6AW**

Alternatively, you can send via fax to:

01236 613495