

Office Use	v. 04/19
Date Rec'd	ID Number
DB date	Tier

Carers Support Referral Form-professional use

The information on this form will be processed securely in line with current data protection legislation. The personal information is kept for the purposes of providing, advice, information and support to the carer in their caring role. As a core part of our service we will send out newsletters, invitations to carer support groups, forums and other carer related events and activities, which we run. We also from time to time seek the carer's views to help inform our service provision and compile anonymised statistical data and case studies for commissioning and research purposes

Carers details					
First name:			Last name:		
Year of birth:	Sex: C Male C Female		Carer contact number: Carer email:		
Current address:					
Town:			County:		
Postcode:	Postcode:		Ethnicity: (optional)		
Is the carer from a current or form	ner military or veteran household?	Yes□	□No□		
Is there a young carer in the fam	ily Yes□No□ or a Young Adult Ca	arer (18-2	24) Yes□No□		
GP Surgery:					
Has the Carer had a Carers As	sessment, if so please give the d	late:			
If the carer has their own disability, illness or support needs, please state below:					
Any language, religious or cultural considerations?					
Any specific communication needs, e.g. large print, audio, translation, etc.?					
Cared For(s)					
Relationship – <u>only complete if</u> <u>cared for consent gained</u>	Year of Birth or Age Range: (U18/18-24/25-64/65- 84/85+)	Disabil	sability		
Are there any other agencies involved such as Social Services/Mental Health Team/Crossroads Care/Dementia Support/ GP or any other relevant agency?					

Additional Safety Information – for staff visiting a family at home:					
Does anyone in the home show dangerous behavior/known to be aggressive or violent?	If YES, please give details:				
Anything else? Dogs, remote locality etc.	If YES, please give details:				
Referrer					
First name: add first name	Last name: add last name	Last name: add last name contact number: enter phone number			
Organisation: add details		Role: Add role			
Current address: add building/ho	ouse and street				
Town: add town	County: add county	Postcode: add postco	ode		
Email address: email address I	here				
Has consent been gained from	the Carer (either verbally, by ema	ail or in writing) for Action	for Carers Surrey to process		
the information contained on th	nis form Yes 🔲 No 🔲 💮 Date	e: Click or tap to enter a date	e.		
I confirm that if I have provided an email address for the carer that they have consented to being contacted by email.					
Yes No					
Cared For Information: I have	obtained the consent from the Ca	red for person for Action f	or Carers Surrey to process		
the information contained abou	ut them on this form? Yes	No Date: Click or tap	to enter a date.		
		<u> </u>			
Referrers Signature		Date			
Additional Comments					
Drivacy Statement: Where we	chance to have cortain convices a	uch as IT or data process	ing provided by consultants or		
	choose to have certain services, sance with current data protection				
the practices employed by them to protect personal information.					

You have a right to know what personal data Action for Carers (Surrey) hold about you. You also have the right to have your data corrected or deleted. Please address any such issues to us in writing to the registered addresses as detailed below or for Action for Carers (Surrey) you may email dpo@actionforcarers.org.uk or phone 01483 302748, For White Lodge Centre please use the email and phone number detailed below. For further information, please see our Privacy Policy at www.actionforcarers.org.uk or www.whitelodgecentre.co.uk

Please return the form to Action for Carers Surrey, by email to:

CarerSupport@actionforcarers.org.uk or post to: Action for Carers Surrey, Astolat, Coniers Way, Burpham, Surrey, GU4 7HL