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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Office Use REF2CSS v. 11/19 | | | Date Rec’d | ID Number | | DB date | Tier |   **You** | | | | | | p. 1/2 |
| **Adult Carers Support Referral Form– professional use**  Privacy Statement: Information will be processed securely and in line with current data protection legislation. Any personal or sensitive information, such as health and ethnicity, that is provided to Action for Carers Surrey or shared with them by the carer may be recorded and is used for the purposes of providing advice, information and support to them in their caring role. Our Privacy Policy provides full details explaining why Action for Carers Surrey collect their information, how we use it, who we may share it with and sets out their rights in relation to their data. You can find our privacy policy at [www.actionforcarers.org.uk](http://www.actionforcarers.org.uk) and it is recommended that the carer read this information. If the carer has any questions about how we use their data they may contact Action for Carers Surrey on 01483 302748 or email [dpo@actionforcarers.org.uk](mailto:dpo@actionforcarers.org.uk) or write to Freepost Action for Carers Surrey.  **Agency or Professional must read / explain the above privacy statement to the carer before proceeding with this referral**.   |  | | --- | | Referrer Declaration: | | **I confirm consent been gained from the Carer (either verbally, by email or in writing) for Action for Carers Surrey to process the information contained on this form**. Tick to confirm 🞏  **I confirm that I have explained the privacy statement at the top of this form to the carer and how we use their data and where they can find out more about their rights in relation to their data. 🞏** Tick to confirm  (*You cannot continue without these consents)* | | | | | | | |
|  | | | | | | |
| **First name:** | | | | **Last name:** | | |
| **Preferred Name (if any):** | | | | | | |
| **Current address:** | | | | | | |
| **Town:** | | | | **County:** | | |
| **Postcode:** | | | | **Ethnicity: (optional)** | | |
| **Date of Birth:** | **Gender: Male 🞏 Female 🞏 Other 🞏 Preferred not to say 🞏** | | | | | |
| **Please confirm if the carer has consented to be contacted by the following methods: Please tick all that apply**  **Email Yes 🞏 No 🞏 Post Yes 🞏 No 🞏 Telephone Yes 🞏 No 🞏 Text Yes 🞏 No 🞏.** | | | | | | |
| **If consent given: Email address:** | | | | | | |
| **If consent given: Phone or Mobile Number:** | | | | | | |
| **If calling is there a preferred time: AM 🞏 PM 🞏 Tues/Weds 5-6pm 🞏 Anytime 🞏** | | | | | | |
| Is the carer from a current or former military or veteran household? Yes 🞏 No 🞏 | | | | | | |
| Is there a young carer in the family or a Young Adult Carer (18-24) Yes 🞏 No 🞏  Any other carers in the family? Yes 🞏 No 🞏 If yes, how many and age range (U18/ 18-24/ 25-64/ 65-84/ 85+) | | | | | | |
| **GP Surgery:**  **Is the Carer registered with the GP Yes 🞏 No 🞏 Not Sure 🞏** | | | | | | |
| **Has the Carer had a Carers Assessment, if so please give the date:** | | | | | | |
| 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.? | | | | | | |
| Does the carer physically help the person they care for? E.g. help them to stand up, lift their legs into bed, push their wheelchair or help them in/out of a car? Yes 🞏 No 🞏 | | | | | | |
|  | | Year of Birth or Age Range:  (U18/18-24/25-64/65-84/85+) | Relationship to carer | | Condition or Disability | |
| Main Cared For | |  |  | |  | |
| 2nd Cared For | |  |  | |  | |
| 3rd Cared For | |  |  | |  | |
| **Are there any other agencies involved such as Social Services/Mental Health Team/Crossroads Care/Dementia Support/ GP or any other relevant agency?** | | | | | | |
| **Are there any safety concerns for staff visiting at home.** E.g. Does anyone in the home show dangerous behaviour/known to be aggressive or violent. Anything else – remote location, dogs, etc**.** | | | | | | |
| **Please provide details of the reason for the referral and any other comments:** | | | | | | |

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|  |  |  |
| --- | --- | --- |
| First name | Last name | contact number: |
| Organisation: | | Role: |
| Current address: | | |
| Town: | County: | Postcode: |
| Email address: | | |
|  | | |
| I confirm I have gained the consents as indicated on this form and for Action for Carers Surrey to process and store the information contained on the form. | | |
| **Referrers Signature …………………………………………….. Date………………………………………………** | | |

**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**

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