

Referrer Name: _____

Organisation: _____

Telephone: _____

Email: _____

Use this form to refer Carers to Care for the Carers Services. Please complete as fully as possible. Ensure that the Carer has consented to this referral, and is aware of Care for the Carers and the services we provide. For more information please see our website www.cftc.org.uk or contact us on **01323 738 390**.

Carer's Name: _____

Referral Date: _____

Address: _____

Date of Birth: _____

Gender: _____

Telephone: _____

Mobile: _____

Post Code: _____

Email: _____

GP Name: _____

P Number: If applicable _____

GP Surgery: _____

NHS Number: If applicable _____

Reason for Referral:

When is the best time to

contact the carer? For example:

Mornings / Afternoons / Not on certain days

Cared For Person's Name: _____

D.O.B: _____

Relationship to Carer: _____

Gender: _____

Cared For's Health:

I have spoken to this carer and I would like to refer them for:

<input type="checkbox"/> Information on carers services	<input type="checkbox"/> Carers Card – discount card
<input type="checkbox"/> Information on respite services	<input type="checkbox"/> Carers Card – Carers Respite Emergency Support Service (CRESS)
<input type="checkbox"/> Respite to attend a healthcare appointment	<input type="checkbox"/> Carers' groups
<input type="checkbox"/> Moving & handling equipment	<input type="checkbox"/> Emotional support & counselling
<input type="checkbox"/> Moving & handling training	<input type="checkbox"/> Health & wellbeing activities
<input type="checkbox"/> Back Care Information & Training	<input type="checkbox"/> Mindfulness training
<input type="checkbox"/> First aid training	<input type="checkbox"/> Former carers' groups
<input type="checkbox"/> Advice and support	<input type="checkbox"/> Carer is unsure...
<input type="checkbox"/> Advocacy support	<input type="checkbox"/> Other... (Please specify below)
<input type="checkbox"/> Emergency planning advice	
<input type="checkbox"/> Social Care Assessment for the Cared For Person	
<input type="checkbox"/> Carers' Assessment (including support with Carers' Self Assessment)	

Please return your completed form to our office by **post, email, or fax.**

Care for the Carers
Highlight House
8 St. Leonards Road
Eastbourne
BN21 3UH

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Fax: 01323 745 770
Email: info@cftc.org.uk