



CARERS IDENTIFICATION AND REFERRAL FORM

Do you look after someone who is ill, frail, disabled or mentally ill?

If so, you are a carer and we would like to support you. Please complete this form and hand it into reception.

If you are agreeable, we will pass your details to the Carers Service, which is a countrywide organisation providing relevant information and advice, local support services, newsletters and telephone link line for carers.

We will also refer you, with your permission, to have your needs assessed by Adult Care Services. A Carers Assessment is your chance to talk about your needs as a carer and the possible ways help could be given. It can also look at the needs of the person you care for. This could be done separately, or together, depending on your situation. There is no charge for an assessment.

YOUR DETAILS:

Name:	
Date of Birth:	
Address:	
Post Code:	
Telephone Number:	
Email address:	
Any relevant Information:	

DETAILS OF THE PERSON YOU LOOK AFTER:

Name:	
Date of Birth:	
Address (if different from above)	
Post Code:	
Telephone Number (if different from above)	
GP Details (If different from your own)	
	Please pass my details to the Carers Service.
	Please refer me to Adult Care Services for a Carers Assessment.