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**Professionals Referral Form**

**\*When completed, please submit this form to** [**carers@citizensadvicemidmercia.org.uk**](mailto:carers@citizensadvicemidmercia.org.uk)

Please ensure that all boxes on both pages are completed as fully as possible:

|  |  |  |
| --- | --- | --- |
| **Date of referral:** |  | |
| **Referrer name and organisation:** |  | |
| **Carer full name:** |  | |
| **Carer contact phone number:** |  | |
| **Has the carer given consent to us leaving a voicemail on their telephone if they do not answer?** | Yes | No |
| **Carer address, including postcode:** |  | |
| **Carer DOB:** |  | |
| **Is the carer over 18?**  *(The carer* ***must*** *be over 18)* | **Yes** | No |
| **Is the person they care for over 18?** | Yes | No |
| It is essential that the carer has given permission for this referral to take place, as well as consent for their information to be shared with us.  **By checking this box, you are confirming that the necessary permission and consent has been given:** | I confirm that the carer mentioned in this referral form has consented to this referral being made to Universal Services for carers and is aware that Universal Services for Carers will aim to contact them within 3 working days-  **If the box above is not marked, we cannot contact the carer.** | |
| **How would the carer benefit from our support?** |  | |
| **Which parts of our service would the carer benefit most from?**  Please see our service leaflet & website for more information. | Wellbeing support  Peer Support  Awareness raising sessions  Training *(including first aid and manual handling)*  Emergency Planning  Information and signposting *(including benefits advice)*  Carers Conversation *(Cared for must be 18 years +)* | |
| **Any additional relevant information-** Please include any information about which support has already been offered to the carer. |  | |