****Family Referral

Form

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Person Completing … | | | | | | | | | | | | | | |
| Name | Name | | | | | Date of referral | | | Date | | | | |
| Email | Email | | | | | Contact Number | | | Contact Number | | | | |
| Organisation | Organisation. | | | | | Position | | | Position | | | | |
| About this Referral | | | | | | | | | | |
| **Who would you like to refer?** | | Adult Carer | | | | | Young Carer | | | | | Both |
| ***Is family under a CIN plan?*** | | Yes | | | No | | |
|  | | | | | | | | | | | | | | |
| **Services / Support Needed** | | | | | | | | | | | | | | |
| ***Young Carers*** | Activities | | | Schools / homework Groups | | | | | | Counselling | | | | |
| ***Adult Carers*** | Benefits advice | | Form Filling | | | | | | | Support Groups | | | | |
| Training | | Counselling | | | | | | | Working for Carers | | | | |
| *Are there any specific areas or concern? Or area of support especially needed?*  Click or tap here to enter text. | | | | | | | | | | | | | | |

*Please note some support service may have a waiting list. If you need more information on these services please visit our Website* [*www.Harrowcarers.org*](http://www.Harrowcarers.org) *or to discuss waiting list time for Counselling or for information about Home Care provision please call us on 02088685224*

***Do you have consent to share?***

*In line with best practice and GDPR Harrow Carers is unable to accept referrals without consent. Consent must be obtained directly from the carers named below if they are 16+ or from a parent or guardian for a referral of any young carer under the age of 16. When referring young carers it is best practice to also consult the young carer.*

*Information contained here within is classed as identifiable personal data. As such any referrals sent to us which do not have the consent section completed will be deleted and or destroyed.*

*Harrow Carers will never disclose any personal information we hold to any third party without expressed consent for its release or unless required to do so by law. The information provided here will be used solely for the purpose of supporting the carer(s) and their family and contacting them about support options available from Harrow Carers.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person completing | Name . | *Date* | *D*ate. |
| I confirm that I have obtained consent from the Carers listed below to refer them to your service. | | | |
| Name . | | | |

Once Complete Please Email to [admin@harrowcarers.org](mailto:admin@harrowcarers.org)

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| Dependants Details – The Person Being Cared For . | | | | | | | | | | | | | | |
| Title: | Title | Forename(s): | | Forename. | | | | | Surname: | | | | Surname. | |
| Address: | Address. | | | | | | | | | | | | | |
| Postcode: | Postcode | | Contact No: | | | Postcode | | | | | | Mobile. | | |
| Gender | Gender | | D.O.B | | D.O.B | | | Ethnicity | | | Ethnicity | | | |
| GP Surgery | GP Surgery. | | Relationship to Carer /Carers | | | | | | | e.g. Parent, sibling, child etc. | | | | |
| Disability / Illness | Mobility or Physical Disability  Learning Disability | | | | | | Mental Health  Addiction | | | | | | Chronic Condition  Elderly | |
| Details | Name of Condition/ Diagnosis and any other relevant information. | | | | | | | | | | | | | |

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| Adult Carers *(complete as necessary)*. | | | | | | | | | | | | | | | | | |
| Adult Carer 1 | | | | | | | | | | | | | | | | | |
| Title: | Title | Forename(s): | | | | | Forename. | | | | | | Surname: | | | | Surname. |
| Address: | Address. | | | | | | | | | | | | | | | | |
| Postcode: | Postcode | | | Contact No: | | | | | Postcode | | | | | | Mobile. | | |
| Email | Email Address | | | | | | | | | GP Surgery | | | | GP Surgery. | | | |
| D.O.B | D.O.B | | | Gender | | | | Gender | | | | | Employment | | | | Employment |
| Ethnicity | Ethnicity | | | Religion | | | | Religion | | | | | Sexuality | | | | Sexuality. |
| Relationship to Dependant | | | e.g. Parent, sibling, child etc. | | | | | | | | | | | | | | |
| Any Disability’s or conditions | | | | Yes No | | | | | | | | | | | | | |
| Details | Name of Condition/ Diagnosis and any other relevant information. | | | | | | | | | | | | | | | | |
| Hours of Care Provided (per week) | | | | | Hours | | | | | | | | | | | | |
| How would they like to be kept in touch | | | | | | By Post | | | | | | By Email | | | | | |
| Adult Carer 2 | | | | | | | | | | | | | | | | | |
| Title: | Title | Forename(s): | | | | | Forename. | | | | | | Surname: | | | Surname. | |
| Address: | Address. | | | | | | | | | | | | | | | | |
| Postcode: | Postcode | | | Contact No: | | | | | Postcode | | | | | | Mobile. | | |
| Email | Email Address | | | | | | | | | GP Surgery | | | | GP Surgery. | | | |
| D.O.B | D.O.B | | | Gender | | | | Gender | | | | | Employment | | | | Employment |
| Ethnicity | Ethnicity | | | Religion | | | | Religion | | | | | Sexuality | | | | Sexuality. |
| Relationship to Dependant | | | e.g. Parent, sibling, child etc. | | | | | | | | | | | | | | |
| Any Disability’s or conditions | | | | Yes No | | | | | | | | | | | | | |
| Details | Name of Condition/ Diagnosis and any other relevant information. | | | | | | | | | | | | | | | | |
| Hours of Care Provided (per week) | | | | | Hours | | | | | | | | | | | | |
| How would they like to be kept in touch | | | | | | By Post | | | | | By Email | | | | | | |

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| Young Carers *(complete as necessary)*. | | | | | | | | | | | | | | | | |
| Young Carer 1 | | | | | | | | | | | | | | | | |
| Title: | Title | | | Forename(s): | | | | Forename. | | | | | Surname: | | | Surname. |
| Address: | | Address. | | | | | | | | | | | | | | |
| Postcode: | | Postcode | | | | | Contact No: | | | Postcode | | | | | Mobile. | |
| Email | | Email Address | | | | | | | | | | GP Surgery | | GP Surgery. | | |
| D.O.B | | D.O.B | | | | | Gender | | Gender | | | | School | | | School. |
| Ethnicity | | Ethnicity | | | | | Religion | | Religion | | | | Sexuality | | | Sexuality. |
| Relationship to Dependant | | | | | e.g. Parent, sibling, child etc. | | | | | | | | | | | |
| Any Disability’s or conditions | | | | | | | Yes No | | | | | | | | | |
| Details | | Name of Condition/ Diagnosis and any other relevant information. | | | | | | | | | | | | | | |
| Young Carer 2 | | | | | | | | | | | | | | | | |
| Title: | Title | | | Forename(s): | | | | Forename. | | | | | Surname: | | | Surname. |
| Address: | | Address. | | | | | | | | | | | | | | |
| Postcode: | | Postcode | | | | | Contact No: | | | Postcode | | | | | Mobile. | |
| Email | | Email Address | | | | | | | | | | GP Surgery | | GP Surgery. | | |
| D.O.B | | D.O.B | | | | | Gender | | Gender | | | | School | | | School. |
| Ethnicity | | Ethnicity | | | | | Religion | | Religion | | | | Sexuality | | | Sexuality. |
| Relationship to Dependant | | | | | e.g. Parent, sibling, child etc. | | | | | | | | | | | |
| Any Disability’s or conditions | | | | | | | Yes No | | | | | | | | | |
| Details | | Name of Condition/ Diagnosis and any other relevant information. | | | | | | | | | | | | | | |
| Young Carer 3 | | | | | | | | | | | | | | | | |
| Title: | Title | | | Forename(s): | | | | Forename. | | | | | Surname: | | | Surname. |
| Address: | | Address. | | | | | | | | | | | | | | |
| Postcode: | | Postcode | | | | | Contact No: | | | Postcode | | | | | Mobile. | |
| Email | | Email Address | | | | | | | | | | GP Surgery | | GP Surgery. | | |
| D.O.B | | D.O.B | | | | | Gender | | Gender | | | | School | | | School. |
| Ethnicity | | Ethnicity | | | | | Religion | | Religion | | | | Sexuality | | | Sexuality. |
| Relationship to Dependant | | | | | e.g. Parent, sibling, child etc. | | | | | | | | | | | |
| Any Disability’s or conditions | | | | | | | Yes No | | | | | | | | | |
| Details | | Name of Condition/ Diagnosis and any other relevant information. | | | | | | | | | | | | | | |
| Parent or guarding details (person whom gave consent to make referral) | | | | | | | | | | | | | | | | |
| Name of Parent or Guardian | | | | | | Name | | | | | | | | | | |
| Contact No: | | | Tel. | | | | | | | | Mobile. | | | | | |

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| *OFFICE USE ONLY* | | | | | |  | |
| *Staff Receiving* | Staff Name . | | | *Date Received* | | Date. | |
| *Consent complete?* | | *Yes No* | | | *Form Complete?* | *Yes No* | |
| *Departments sent to* | | *Adult Carers* | | *Young carers* | | *Working for Carers* | |
| *Department Staff Completing* | | | Name | | | *Date* | Date . |
| *Registered on Charity log* | | | Date | *Information Pack Sent* | | Date. | |
| *(adults) Invite to Induction sent* | | | Date | *Date attending Induction* | | Date | |