

A Carers Support Worker will be in touch to discuss how things can be moved forward and if completing a further in-depth 'Adult Carer Support Plan' is of benefit to you.

Consent

I understand that completing my Carers Support Plan will lead to a computer record being made and this will be treated confidentially. Dumfries and Galloway Carers Centre and the Council will hold this information for the purpose of providing care services, to meet my needs (including emergency planning) and to evaluate the level of service I received. To be able to do this the information may be shared with NHS Agencies and other organisations.

Please note: Should the cared for person require an action – for example; a referral to the FIAT Team, we will require their address and Date Of Birth and the information relating to the cared for person will be then shared.

This will also help to reduce the number of times I am asked for the same information.

Consent	Please initial and date
Agree for both Dumfries and Galloway Council and the Carers Centre to hold my information. (Consent must be given if there is to be a financial input from Social Work)	
Would prefer that the Carers Centre only hold my information and that permission is sought from me if there is a requirement to share it with other agencies.	

If I have given details about someone else, I will make sure that they know about this.

I understand that the information I provide on this form will only be shared in accordance with the Data Protection Act.

Signed	
Date	
Name (PRINT)	

Please send this completed Carer Referral Form back to:

Dumfries and Galloway Carers Centre
FREEPOST RTHZ—GXHU-AKA
DUMFRIES
DG1 2PW

We will acknowledge receipt of your Carer Referral Form within 14 working days.



Supporting Carers in Dumfries and Galloway

Carer Referral Form

Do You Look After Someone?

A Carer is someone of any age who provides support to a family member or a friend who is affected by long term illness, disability, age or addiction.

You may not see yourself as a Carer. You may feel that you are simply looking after your partner, child, relative or friend. However, one in six people are Carers and may require information and support to carry out this role. Completing this Carers Referral Form will enable you to access advice about the services and support you are entitled to.

1. About You

ENQ No: CARERS CENTRE USE ONLY

Title Name you prefer to be known as

Full Name

Relationship Status Gender

Address

Postcode Preferred method of contact

Telephone number Mobile number

Email

Date of Birth Religion Ethnicity

GP Name and Surgery

GP Tel No Do you live with the person you care for?

How many people do you care for?

What is their name/their names?	Person 1	Person 2	DOB
	<input type="text"/>	<input type="text"/>	<input type="text"/>

What is their main condition/ illness/ diagnosis?	Person 1	Person 2
	<input type="text"/>	<input type="text"/>

How long have you been caring for them?	Person 1	Person 2
	<input type="text"/>	<input type="text"/>

What is their relationship to you?	Person 1	Person 2
	<input type="text"/>	<input type="text"/>

2. As well as caring - what other responsibilities do you have?

Full time employment

Part time employment / hours worked

School / Further Education / Training

Voluntary Work

Other

Where did you get this form from?

Did someone help you to complete this form?

If yes, please provide their details

3. Your caring role

Tell us why the person you look after needs your support?

What do you think could improve their quality of life?

How does the level of care and support you provide affect your life?

How would you like things to change?

Is your health affected by your caring role?

Additional Information - Anything else you would like to tell us?