



Referral Form for Carers

If you have an unpaid caring role for someone over the age of 18 who has a long-term illness or disability, please complete the form below and return to:
 The Carers Centre for Brighton & Hove, 18 Bedford Place, Brighton BN1 2PT
 E-mail: info@thecarerscentre.org

| | |
|--|---|
| Date: | |
| About You: | |
| Name | |
| Date of birth | |
| | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Address including postcode | |
| Contact number | Landline: Mobile: |
| Is it ok to leave a message? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have any sensory or communication needs, e.g. interpreting? | Yes <input type="checkbox"/> Please say what needs you have: No <input type="checkbox"/> |
| Email address | |
| Have you had an assessment of your needs as a carer (e.g. from the Council's Access Point or a social worker)? | Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> |

| | |
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| About the person you are looking after: | |
| Name | |
| Date of birth | |
| Address, if different from yours | |
| What is their relationship to you e.g. are they your parent/partner/friend? | |
| When did you start looking after them (year)? | |
| Please tell us their health condition and how it affects them | |
| Are there any services or agencies involved (e.g. a care agency/Crossroads respite service)? | |

How can we help you?

We provide a range of services and activities for carers – for more details please see our website: www.thecarerscentre.org. All our services are free to carers. Please tell us what sort of support might be helpful to you in your caring role:

Information/signposting to other services/organisations

Groups/activities/classes

Meeting with a support worker

Referral to counselling service

Other – please tell us what else might help:

| | |
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| In order to proceed with your referral, we will need to add your details to our database of carers. Please indicate that you agree to this | Yes <input type="checkbox"/> |
| Would you like to receive our quarterly Carers Newsletter? | Yes <input type="checkbox"/> No <input type="checkbox"/> By post By email Email address: |
| Office use only: Received by: Carers Centre Worker Date: | |

