Referral & Registration Form

Please ensure that you have completed all sections

Once completed the e-referral form must be sent to **enquiries@rochdalecarers.co.uk**

E-referrals are preferable. If this is not possible; referring organisations/services can make telephone referrals via **0345 0138 208**

|  |  |
| --- | --- |
| **REFERRER DETAILS** | **Office use only** |
| **Date of referral** |  | Add/edit case: Referrer Info tab |
| **Referrer name** |  |
| **Referrer role** |  |
| **Referrer organisation**  |  |
| **Referrer contact number** |  |
| **Referrer email** |  |
| **How did you hear about the service?** | **Word of mouth** / Leaflet / Website / Presentation |
| **Please use this space to outline the reason for this referral.** *Please include details re impact of caring role on carer i.e. reduced health & wellbeing, isolation, school attendance, bullying etc.* |   |
| **Services required/interested in** - please highlight all that apply. | Register & Receive Newsletter /1-2-1 support from a Carers Support Worker /Volunteer Led sitting-in-Service |  |
| **CARER DETAILS** |  |
| **Carer consented to referral-** (if the client has not consented then the referral cannot be accepted) | YES/NO | Add/edit client:About, Address, Demographic Profile tabs |
| **Type of carer-** please highlight  |  |
| **Carers full name** |  |
| **Carers full address** |  |
| **Carers postcode** |  |
| **Carers area-** please highlight |  |
| **Carers telephone** |  |
| **Carers mobile telephone** |  |
| **Carers D.O.B** |  |
| **Carers gender** |  |
| **Carers ethnicity** |  |
| **Carers first language** |  |
| **Interpretation required-** please highlight & provide details | YES/NO Details: |
| **Employment status-** please highlight | Employed / Unemployed / Retired / College  |
| **If at school please provide name of school-** |  |
| **If referral relates to a young carer is a** **CAF open-** please highlight | YES/NO  |
| **Disability-** please highlight & provide details | YES/NODetails: |
| **Additional support required to help****access the service-** please provide details  | Details:  |
| **Preferred contact method-** please highlight | Home Phone/Mobile/Letter/Email/Other |  |
| **Is it ok to leave a message-** please highlight | YES/NO |
| **Would the carer like to receive updates****via email or post-** please highlight | YES/NOEmail / Post |
| **Email address if applicable** |  |
| **RISK** |  |
| **Are you aware of any risk information about this Carer that needs to be communicated to our organisation****who may be undertaking lone working** | Details: | Add/edit client:Risk tab |
| **Safeguarding Information: please** **outline any previously relevant or****known information about safeguarding risks or child protection issues** | Details:. |
| **CARED-FOR DETAILS** |  |
| **Does the cared for live in Rochdale** | YES**/**NO | Case: Add/edit Cared for tab: Profile tab |
| **Relationship to cared for** | Child |
| Parent/Spouse/ grandparent  |
| Sibling |
| Parent |
| Friend |
| Neighbour |
| Other |
| **Cared for age range** | 0-4 | 26 - 64 |
|  | 5-11 | 65 + |
|  | 12 - 17 |  |
|  | 18 - 25 |  |
| **Cared-for gender**  |  |
| **Please give details of their illness/condition/disability-** *please highlight*  |  | Primary | Secondary |
| Older person (65+) |  |  |
| Physical disability or sensory impairment |  |  |
| Mental Health |  |  |
| Dementia |  |  |
| Learning Disability |  |  |
| Substance Misuse |  |  |
| Autism |  |  |
| Disabled Child |  |  |
| Other illness (provide details below)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Details of the caring tasks undertaken** **by the Carer** |   |
| **Does the carer live with the cared-for-***please highlight* | Yes/No/Some of the time |
| **OTHER AGENCY INVOLVMENT** |
| **Details of other agencies involved** *Please include named contacts where possible* | Agencies supporting Carer:  | Agencies support cared-for: |  |
| **To be completed by Adult Social Care only (where ASC are the referring agent)** |
| **Has the Carer had a Care Act Carers****Assessment** | YES/NO |  |
| **Did this assessment result in** **Services i.e. a Personal Budget***If no, or they opted out they may be* *eligible for Carers Hub short break options.**If yes they would not be eligible for**Carers Hub short break options but could access other Carers Hub Services* | YES / NO / YES -BUT OPTED OUT |