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**](mailto: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/NO  Details: | | | |
| **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/NO  Email / 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 | | | |