

Email: [referral@carersfirst.org.uk](mailto:referral@carersfirst.org.uk)

Telephone: 0300 303 1555

## Referral Form

**Carers FIRST** is an independent, charitable organisation supporting and helping carers in South West Kent, Dartford, Gravesham, Swanley, Medway, Lincolnshire and Waltham Forest. Please provide us with as much information as possible. Postcodes and dates of birth are important information that we require and where possible we will use email to communicate with both the referrer and the family.

Please tick the locality the carer lives in:

North West Kent

South West Kent

Medway

Lincolnshire

Waltham Forest

Name of Referrer:

Organisation:

Date of Referral:

Address:

Contact Telephone Number:

Contact Email:

How did you hear about Carers FIRST?

### CARERS DETAILS

Name and title:

Date of Birth:

Address:

Postcode:

Telephone Number: \_ \_ \_ \_ \_ / \_ \_ \_ \_ \_

Email:

Ethnicity:

First language:

Religion:

Interpreter required: Yes / No

Working Status:

**Any risks to a lone worker who may provide a home visit to the carer? Yes / No If yes please detail below**

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Any known safeguarding risks or issues? Yes / No If yes please detail below

Is carer in receipt of Benefits? Yes\*/no  
\*details:

Relationship to person looking after:

Care hours per week: (please indicate)    1-19                      20-49                      50+

Carer Medical Condition (if any):

Name of G.P :

Contact Number:

Address of Surgery:

**PERSON IN RECEIPT OF CARE DETAILS**

Name and title:

Address:

Postcode:

Date of Birth: \_\_\_\_\_

Medical condition:

Is the person in receipt of care in receipt of any Benefits: Yes\*/ No  
\*details

Are there any children in the household? \_\_\_\_\_

Is the person in receipt of care aware of the referral? Y/N

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Is there is any further information that our team should be aware of before making contact? Are there are any risk factors to be considered before visiting at the carer's home that we need to be aware of? (Eg. dogs, issues with parking nearby, adults that may be visiting etc.):

Reason for referral:

**Data Protection Act 1998.** Please note that the information you have given us is entered onto our in-house database.

Signature of referrer: ..... Date: .....