



Adult Carer Referral Form

Referral Date:	Is this a self-referral? If no please complete referred section below	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Referral completed by	Name			
	Organisation			
	Email		Tel	
	Has the carer consented to you sharing their information with us and agreed that we can contact them? *			Yes <input type="checkbox"/>

PLEASE NOTE: INCOMPLETE OR INCORRECT REFERRALS WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE REFERRER

Please provide any concerns/risks regarding carers/family that should be known to our workers for risk management purposes?

Section 1 - Carers Details – PLEASE COMPLETE				
Title	First Name	Last Name		
Preferred Name		Gender		
Email				
Contact Number				
Address				
Town/City		Postcode		
Ethnicity	White	D.O.B		
Do you have a Carers Support Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>	

Please note that due to postage costs it would be preferable if we could send any information via email however please tell us if there is any form of communication that you **DO NOT** wish us to contact you by (i.e. phone, email or post)

Please let us know if you have any communication needs (i.e. hearing loss or need a translator)

Section 2 - Cared for Person – PLEASE COMPLETE

	CF1.	CF 2.
Full Name		
Preferred Name		
Address if different from carer		
Town/City		
Postcode		
Contact Number		
Date of Birth		
Gender		
How long have you cared for the Cared For		
What relationship is Carer to Cared for?		
Do you care for more than 2 people?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please indicate if cared for is Palliative

Yes

No

Please tell us in as much detail as possible about the illness / disability of the Cared For person.

Section 3: Please tell us in as much detail as possible about your caring role and how this impacts on your life.

What can we support you with right now?

Please let us know how you heard about about PKAVS Services

Are you a Working Carer Yes No

If yes please indicate a suitable time and or day to contact you.

Consent – PLEASE COMPLETE- Please see attached Privacy Notice

Depending on the reason for processing your personal data, it may be shared with other organisations, where necessary, that provide support/advice services such as statutory bodies, health organisations, other third sector organisations or providing data to the Carer Census (Scottish Government). We would only share this information if it was in your best interests and we would always attempt to let you know that we are going to share this information. Full details are included in the Privacy Notice you will receive and you can email/phone to request one sooner if you wish.

YES, I give my permission for my details to be shared

NO, I do not want my details to be shared

Please return referral form to carershubadmin@pkavs.org.uk