



West Cumbria Carers
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Carer Referral Form

This Referral Form is NOT to be used to report a concern regarding the safety of a child or adult. If you believe a child or adult is in immediate danger call the Police on 999. If you have a serious concern that requires an immediate safeguarding response to protect a child contact the Safeguarding Hub or Out of Hours Emergency Duty Team on 0333 240 1727. If you have a serious concern about the safety of an adult contact Adult Social Care in the relevant district: Allerdale & Copeland - 0300 303 3589; Barrow-in-Furness & South Lakeland – 0300 303 2704; Carlisle & Eden – 0300 303 3249

The Form is to be used to refer a child, young person, parent or adult that is providing unpaid care to another person. Once a Carer support worker has reviewed the Referral Form we aim to make contact with the carer or their parent (if they are under 18 year of age) within 2 to 5 working days to talk about completing a carer assessment with them so we and/or other professionals can offer them the support they need. The completion of a referral does not guarantee a service.

The completed referral form will be placed on the Carers electronic record as evidence of the referral. The information requested will be used by the Carer organisation, Council and other involved professionals to meet the Local Authority’s statutory duty to provide the person with a carer assessment and appropriate support. The assessment and support will typically include the processing of personal information related to the carer, person receiving care, those with parental responsibility (when the person referred is under 18 years of age), other carers, others living in the home and other involved professionals.

Office Use			
Date of referral dd/mm/yyyy		Full Name of the staff member receiving the referral	

Part 1 – Referrer consent			
We are unable to progress the referral if you are unable to state yes to at least the first 2 questions. Once this consent is received we will be able to progress the referral.			
1.1 Do you consent to our processing your personal data and the information you provide on this referral form as stated in the Privacy Notice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
1.2 Do you have consent from the person bring referred (Carer) to make this referral and share their personal information? If the Carer is under the age of 18 have you received this consent from their parent(s) or guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
1.3 Do you have consent from the person receiving care (Cared For) to make this referral and share their personal information? If the Cared for is under the age of 18 have you received this consent from their parent(s) or guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Referrer Signature		Date	

Part 2 – Referrer details

2.1 Referrer contact details. Only provide Organisation name and job title if you are an involved professional.

Title		First name		Family name	
Email address				Phone number	
Organisation name				Job title	
2.2 What is your relationship to the Carer?		Parent or Legal Guardian <input type="checkbox"/>		Involved Professional <input type="checkbox"/>	Family member <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/>
2.3 Are you a Carers Champion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2.4 If this is a Self-Referral, where did you hear about us?		
2.5 What support do you as a referrer expect the carer will receive from the service?					
2.6 Are there any risks that may be encountered if a support worker were to visit the carer as a lone worker? If yes or maybe describe below.				Yes <input type="checkbox"/>	Maybe <input type="checkbox"/> No <input type="checkbox"/>

Part 3 – Parental Responsibility – Part 3 must be completed when the person being referred is under 18.

3.1 Parent(s) or Legal guardian contact details.

Title		First name		Family name	
Email address				Phone number	
3.2 Does the person with parental responsibility live at the same residential address as the child or young person being referred?				Yes <input type="checkbox"/>	No <input type="checkbox"/> State their residential address below
Residential address					
Town / City				Full Post code	
3.3 What is their relationship to the child or young person being referred?					
3.4 Parent(s) or Legal guardian personal details					
Date of birth or approximate age				Gender	
Ethnicity				Religion	
Particular communication needs such as BSL or interpreter	No <input type="checkbox"/>	Yes <input type="checkbox"/> Please describe			

Notes:

Part 4 – Carer details (if the referral is only for 1 carer state 1 of 1 if for 3 carers state 1 of 3)

OF

4.1 Carer contact details. Please do not provide an email address or phone number for a Carer under the age of 18.

Title	First name	Family name
Email address	Phone number	
Residential address		
Town / City	Full Post code	

4.2 Carer personal details

Date of birth or approximate age	Gender
Ethnicity	Religion
Disability and/or Special Education Need	No <input type="checkbox"/> Yes <input type="checkbox"/> Please describe
Particular communication needs such as BSL or interpreter	No <input type="checkbox"/> Yes <input type="checkbox"/> Please describe

4.3 Describe the types of care the carer provides to the person they care for?

4.4 Is the carer being supported by other agencies?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please describe
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4.5 Who else lives in the home with the carer: what are their initials, age and relationship to the carer?

Initial	Approximate age	Relationship to the Carer

If the Carer is under the age of 18 please complete 4.6 and 4.7

4.6 Is the child or young person registered to attend formal education (school or college)?	Yes <input type="checkbox"/> Please state below name of school and class teacher	No <input type="checkbox"/> Please state what education arrangements are in place		
	School/College	Class teacher		
4.7 Is the Child or Young Person supported as part of a statutory or multi-agency plan? If yes select type and provide key professionals contact details	No <input type="checkbox"/>	Child Looked After (CLA) <input type="checkbox"/>	Child Protection (CP) <input type="checkbox"/>	Education Health Care (EHCP) <input type="checkbox"/>
	Child in Need (CIN) <input type="checkbox"/>	Early Help Assessment (EHA) <input type="checkbox"/>	Multi Agency Risk Assessment Conference (MARAC) <input type="checkbox"/>	
	Name of key professional	Job title		

	Name of organisation		Phone number	
	Email address			

Notes:

Part 5 – Cared For details (if the carer only cares for 1 person state 1 of 1)

OF

5.1 Cared For contact details. Please do not provide an email address or phone number for someone that is Cared for under the age of 18.

Title		First name		Family name	
Email address				Phone number	
5.2 Does the person being Cared for live at the same residential address as the Carer that is being referred?				Yes <input type="checkbox"/>	No <input type="checkbox"/> State their residential address below
Residential address					
Town / City			Full Post code		

5.3 Cared For personal details

Date of birth or approximate age		Gender	
5.4 What is their relationship to the Carer being referred?			
5.5 Briefly state why the Cared For requires care?			
5.6 Are they cared for by professionals and/or other carers than the carer(s) that is being referred?		No <input type="checkbox"/>	Yes <input type="checkbox"/> Please describe below

If the Cared For is under the age of 18 please complete 5.7 and 5.8

5.7 Is the child or young person registered to attend formal education (school or college)?	Yes <input type="checkbox"/> Please state below name of school and class teacher	No <input type="checkbox"/> Please state what education arrangements are in place		
	School/ College		Class teacher	
5.8 Is the Child or Young Person supported as part of a statutory or multi-agency plan? If yes select type and provide key professionals contact details	No <input type="checkbox"/>	Child Looked After (CLA) <input type="checkbox"/>	Child Protection (CP) <input type="checkbox"/>	Education Health Care (EHCP) <input type="checkbox"/>
	Child in Need (CIN) <input type="checkbox"/>	Early Help Assessment (EHA) <input type="checkbox"/>	Multi Agency Risk Assessment Conference (MARAC) <input type="checkbox"/>	
	Name of key professional		Job title	
	Name of organisation		Phone number	
	Email address			

Notes: