**Referral Form**

**Please return to:**

Sefton Carers Centre

27-37 South Road, Waterloo, L22 5PE

Tel: 0151 288 6060

Email: [help@carers.sefton.gov.uk](mailto:help@carers.sefton.gov.uk)

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| --- | --- | --- | --- | --- | --- |
| Has consent been given by all parties below for this referral to be made and data to be shared?  **NB: If consent has not been given, please do not complete the rest of this form** | | | | **Yes** | **No** |
| **Carers Name:** | | | | **Date of Birth:** | |
| Is **English** the Carer’s primary language?  **Yes No** | | If English is the Carer’s secondary language, can the carer speak English without the need for support? | | **Yes No** | |
| Are there any other known reasons requiring support for effective communication? (I.E. British Sign Language). **Yes No**  *Is yes, please explain under ‘Additional Information’* | | Is a language interpreter required to communicate with the Carer? | | **Yes No**  \**If yes, please state Carer’s primary language under; ‘Additional Information’* | |
| Address: | | | | | |
|  | | | | | |
| Postcode: | | | | | |
| Carer Tel Number: | | | | | |
| **Cared For Name:** | | | | **Cared for condition:** | |
| **Please indicate (X) whether the Carer is a:** | | | | | |
| **Young Carer:**  (Under 18 yrs old and providing care) | **Parent Carer:**    (Parent/Guardian and carer of a child with additional needs) | | | **Adult carer:**  (18 yrs or older and providing care) | |
| **Additional information / any known risk factors:** | | | | | |
| **Name of Referrer:** | | | **Organisation:** | | |
| **Contact Number:** | | | **Date:** | | |
| **Please note that if you are from a Living Well Sefton partner organisation you must make your referral using the IWS system as per the Living Well Sefton process.** | | | | | |