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**Professionals Referral Form**

**\*When completed, please submit this form to** **carers@citizensadvicemidmercia.org.uk**

Please ensure that all boxes are completed as fully as possible:

|  |  |
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| **Date of referral:** |  |
| **Referrer name and organisation:** |  |
| **Carer full name:** |  |
| **Carer contact phone number:** |  |
| **Has the carer given consent to us leaving a voicemail on their telephone if they do not answer?** | Yes[ ]   | No[ ]  |
| **Carer address, including postcode:** |  |
| **Carer DOB:** |  |
| **Is the carer over 18?**  *(The carer* ***must*** *be over 18)* | **Yes**[ ]  | No[ ]  |
| **Is the person they care for over 18?** | Yes[ ]   | No[ ]   |
| It is essential that the carer has given permission for this referral to take place, as well as consent for their information to be shared with us.**By checking this box, you are confirming that the necessary permission and consent has been given:** | I confirm that the carer has consented to this referral being made to Universal Services for carers and is aware that Universal Services for Carers will aim to contact them within 5 working days-[ ]  **If the box above is not marked, we cannot contact the carer.**  |
| **How would the carer benefit from our support?** |  |
| **Any additional relevant information-** Please include any information about which support has already been offered to the carer.  |  |