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**Professionals Referral Form**

**\*When completed, please submit this form to** [**carers@citizensadvicemidmercia.org.uk**](mailto:carers@citizensadvicemidmercia.org.uk)

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

|  |  |  |
| --- | --- | --- |
| **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. |  | |