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| **CARERS** | **Southwark Wellbeing Hub****CARERS’ REFERRAL FORM** |
| **A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help.**  **Carers can be eligible for support in their own right. This referral form is for carers who may require social or community support and cares for someone with mental health issues.** |
| Referral Date |       | Service/Team |       |
| Referrers Name |       | Job Title |       |
| Phone |       | Email |       |
| Address:  |       | Post Code |       |
|  |
| **CARERS’ BASIC INFORMATION** |
| Name |       | D.O.B |       |
| NHS Number |       | Post Code |       |
| Address |       | Phone |       |
| Email |       | Immigration Status |       |
| GP Details |       | Communication Needs |       |
|  |  |  |  |
| **THE PERSON BEING CARED FOR’S BASIC INFORMATION** |
| Name |       | D.O.B |       |
| NHS Number |       | Post Code |       |
| Address |       | Phone |       |
| Email |       | Immigration Status |       |
| GP Details |       | Communication Needs |       |
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| **SIGNPOSTING OR LOW LEVEL SUPPORT FOR THE CARER** |
| * At The Wellbeing Hub we can provide signposting or light touch support helping carers access and engage with different opportunities in the community.
* Please indicate below which areas are applicable for the carer that you are referring and provide a bit more information about why this is important.
* Referrals may not be accepted if sufficient supporting information is not provided.
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| DWP Benefits |[ ]  Healthy Lifestyle: nutrition, physical activity |[ ]
| Making social contacts, meeting other people, reduce loneliness.  |[ ]  Finances, or Debt |[ ]
| Engaging with community, helpful activities, to reduce isolation |[ ]  Substance misuse |[ ]
| Coping strategies or meeting other people going through similar issues |[ ]  Accessing volunteering, education or training |[ ]
| If checked boxes above, please provide more information here.  |       |
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| **SUPPORT NEEDS OF THE CARER** |
| * At The Wellbeing Hub we can provide more in depth one-to-one support or liaise with our voluntary or statutory partners to access support options appropriate to carer’s needs.
* Please check the boxes below for areas that are applicable for the carer you are referring.
* Where boxes have been checked then you are required to provide more information about why this is an area of need, please include what you have observed or evidenced to support the need.
* Referrals may not be accepted until sufficient supporting information is provided.
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| 1. **Child-care**
 | Due to their primary caring role are they unable tocontinue to carry out any additional caring responsibilities for a child? |[ ]
|  | More info: |       |
| 1. **Caring Responsibility**
 | Due to their primary caring role are they unable to continue to carry out any other additional caring responsibilities? |[ ]
|  | If checked, more info: |       |
| 1. **Environment**
 | Does their role as a carer prevent them from being able to maintain a habitable and safe home environment? |[ ]
|  | If checked, more info: |       |
| 1. **Nutrition**
 | Does their role as a carer mean that they are unable to manage or maintain nutrition? |[ ]
|  | If checked, more info: |       |
| 1. **Relationships**
 | Does their role as a carer mean that they are unable to maintain or develop personal relationships or friendships? |[ ]
|  | If checked, more info: |       |
| 1. **Work & Training**
 | Does their role as a carer mean that they are unable to take part in work, training, education or volunteering? |[ ]
|  | If checked, more info |       |
| 1. **Accessing the community**
 | Does their role as a carer mean that they are unable to make use of facilities or services in their community? |[ ]
|  | If checked, more info: |       |
| 1. **Recreation**
 | Does their role as a carer mean that they do not have free time for hobbies or relaxation? |[ ]
|  | If checked, more info: |       |
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| **CONSENT** | It is essential that the carer has given consent for this referral and to being contacted, please check box to confirm:  | [ ]  |
| **RISK ASSESSMENT** | If you work in a statutory health service then you will need to send a risk assessment for the **cared for person**. If you are unable to provide risk assessment we may not be able to accept your referral. Please check the box to confirm a risk assessment is attached. | [ ]  |
| **SEND THIS FORM TO:**  | **EMAIL:** **southwarkhub@together-uk.org** |
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| Further information:  | PHONE: 020 3751 9684WEBSITE: [southwarkhub.together-uk.org](file:///C%3A%5CUsers%5Cafarquhar%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5CLXMA3E53%5Csouthwarkhub.together-uk.org) |