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| **CARERS** | **Southwark Older People and Physical Disabilities     CARERS’ REFERRAL FORM FOR PROFESSIONALS** | | |
| A carer is someone of any age who provides unpaid support to a family member or friend who could not manage without this help. Carers can be eligible for support in their own right.  This referral form is for professionals who are requesting support for an unpaid carer who:   * may require social or community support **and;** * cares for someone with physical or age-related care needs.   If you would like to request support for the person who is being cared for please complete the online referral form [Make a referral | Southwark Council](https://www.southwark.gov.uk/adult-social-care/our-teams/older-people-and-physical-disabilities-oppd/make-referral).  If you are an informal carer or a friend/family member of a carer please complete the unpaid carer self-referral form [Make a referral | Southwark Council](https://www.southwark.gov.uk/adult-social-care/our-teams/older-people-and-physical-disabilities-oppd/make-referral). | | | |
| Referral Date: |  | Role: |  |
| Referrers Name: |  | Organisation Type: | Choose an item. |
| Phone: |  | Organisation Name: |  |
| Email: |  |

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| **CARER’S BASIC INFORMATION** | | | |
| Name: |  | D.O.B: |  |
| NHS Number (if known): |  | Post Code: |  |
| Address: |  | Phone: |  |
| Email: |  | Do they have a sensory impairment?: | No |
| GP Details: |  | Primary language: |  |
| Relevant health conditions: |  | Fluency in English: | Choose an item. |
| Cognitive impairment: | Choose an item. |

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| **PERSON BEING CARED FOR’S BASIC INFORMATION** | | | |
| Name: |  | D.O.B: |  |
| NHS Number (if known): |  | Post Code: |  |
| Address: |  | Phone: |  |
| Email: |  | Do they have a sensory impairment?: | Choose an item. |
| GP Details |  | Primary language: |  |
| Relevant health conditions |  | Fluency in English: | Choose an item. |
| Cognitive impairment | Choose an item. |

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| **SUPPORT NEEDS OF THE CARER** | | | | | | | | | | | | |
| To support us in triaging this referral please check the boxes in the areas that are applicable for the carer you are referring. Where boxes are checked please provide details in the more info section. | | | | | | | | | | | | |
| 1. Child-care: | Due to their primary caring role are they unable to continue 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? | | | | | | | | | | |  |
| More Info: | | |  | | | | | | | | |
| 1. Environment | Does their role as a carer prevent them from being able to maintain a habitable and safe home environment? | | | | | | | | | | |  |
| More Info: | | | |  | | | | | | | |
| 1. Nutrition | Does their role as a carer mean that they are unable to manage or maintain their nutrition? | | | | | | | | | | |  |
| More Info: | | | | |  | | | | | | |
| 1. Relationships | Does their role as a carer mean that they are unable to maintain or develop personal relationships or friendships? | | | | | | | | | | |  |
| More Info: | | | | | | |  | | | | |
| 1. Work and Training | Does their role as a carer mean that they are unable to take part in work, training, education or volunteering? | | | | | | | | | | |  |
| 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? | | | | | | | | | |  | |
| More Info: | |  | | | | | | | | | |
| 1. Recreation | Does their role as a carer mean that they do not have free time for hobbies or relaxation? | | | | | | | | |  | | |
| More Info: |  | | | | | | | | | | |
| Please specify what type of support you think the carer might benefit from | |  | | | | | | | | | | |
| If you are requesting respite to begin within the next 3 months please tick this box. | | | | | | | | |  | | | |

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| CONSENT | Please check this box to confirm the carer has given consent to this referral and to being contacted. Where consent has not been received referrals will not be progressed. | |  |
| RISKS | Please advise of any identified risks in the carers home that we need to be aware of: |  | |
| Please advise of any identified risks to professionals entering the carers home: |  | |

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| **EMAIL THIS FORM TO:** | [**oppdcontactteam@southwark.gov.uk**](mailto:oppdcontactteam@southwark.gov.uk) |
| Once received we will initially triage this referral and our triaging officer may make direct contact with the carer to provide advice and signposting regarding other support and services for unpaid carers. Where the information provided in this referral indicates the need for additional carer support the triaging officer will transfer to one of our social work teams to allocate a practitioner to arrange a ‘Carer’s Assessment’ with the carer.  You can find information and advice in Southwark for unpaid carers on our website: [Unpaid carer's support | Southwark Council](https://www.southwark.gov.uk/adult-social-care/unpaid-carers-support).  For additional support services, advice and guidance informal carers can also contact   * Mobilise [Online support for unpaid carers | Mobilise](https://www.mobiliseonline.co.uk/) * Southwark Carers [Southwark Carers](https://www.southwarkcarers.org.uk/) | |