

Please ensure that you have completed all sections. Once completed the e-referral form must be sent to enquiries@cheshireeastcarershub.co.uk. E-referrals are preferable. If this is not possible, referring organisations can make telephone referrals via **0300 303 0208**

REFERRER DETAILS		Office use
Date of referral		Add/edit case: Referrer Info tab
Referrer name		
Referrer role		
Referrer organisation		
Referrer contact number		
Referrer email		
How did you hear about the service	Word of mouth / Leaflet / Website / Presentation	
Please use this space to outline the reason for this referral <i>Please include details re impact of caring role i.e. reduced health & wellbeing, isolation, school attendance, bullying etc.</i>		
Services required/interested in please highlight all that apply.	Register & receive information /1-2-1 support from a Carers Support Worker / Access to support groups & activities	
CARER DETAILS		
Carer consented to referral (if the client has not consented then the referral cannot be accepted)	YES/NO	Add/edit client: About, Address, Demographic Profile tabs
Type of Carer please highlight	Adult Carer / Young Carer / Dementia/Alzheimer's Carer	
Carers full name		
Carers full address		
Carers postcode		
Carers telephone		
Carers mobile telephone		
Carers D.O.B		
Carers NHS ID number		
Carers gender		
Carers ethnicity		
Carers first language		
Interpretation required please highlight & provide details	YES/NO Details:	
Employment status please highlight	Employed / Unemployed / Retired / Unable to work due to caring responsibilities	
Name of school attending		
If referral relates to a young carer is a CAF open please highlight	YES/NO	
Disability please highlight & provide details	YES/NO Details:	
Additional support required to help access the service please provide details	Details:	
Preferred contact method please highlight	Home Phone/Mobile/Letter/Email/Other	
Is it ok to leave a message please highlight	YES/NO	
Would the Carer like to receive updates via email or post please highlight	YES/NO Email / Post	
Email address if applicable		

RISK			
Are you aware of any risk information about this Carer that needs to be communicated to our organisation who may be undertaking lone working	Details:		Add/edit client: Risk tab
Safeguarding information; please outline any known information about safeguarding risks or child protection issues	Details:		
CARED-FOR DETAILS			
Does the Cared for live in Cheshire East			
Relationship to Cared for Please tick	Child		
	Parent/Spouse		
	Sibling		
	Parent		
	Friend		
	Neighbour		
	Other		
Cared-for age range Please tick	0-4	26 - 64	
	5-11	65 +	
	12 - 17		
	18 - 25		
Cared-for gender			
Please give details of their illness/condition/disability please highlight		Primary	Secondary
	Older person (65+)		
	Physical disability or sensory impairment		
	Mental Health		
	Dementia/Alzheimer's		
	Learning Disability		
	Substance Misuse		
	Autism		
	Disabled Child		
Other illness (provide details below) _____			
Details of the caring tasks undertaken by the Carer			
Does the Carer live with the cared-for <i>please highlight</i>	Yes/No/Some of the time		
OTHER AGENCY INVOLVMENT			
Details of other agencies involved <i>Please include named contacts where possible</i>	Agencies supporting Carer:	Agencies supporting cared-for:	
To be completed by Adult Social Care only (where ASC are the referring agent)			
Has the Carer had a Care Act Carers Assessment	YES/NO		