



Carers in Bedfordshire Adult Carer Registration and Referral Form

For CiB use only:

Staff member taking referral details: _____ Date form received or completed: _____

Referral source: Bedford Bedford Lounge Biggleswade Leighton Buzzard Luton Lounge

Other _____

Has welcome pack already been given/sent: Yes No

How we use your information

Information collected by Carers in Bedfordshire will be stored securely in accordance with the Data Protection Act. We may be asked to share information we hold about you with the organisations who fund us (including Bedford Borough Council, Central Bedfordshire Council, Luton Borough Council and NHS Bedfordshire). We report this in such a way that does not name or identify you but helps provide important data so we can deliver and improve our services.

Tick to confirm statement is understood and agreed

About you - The carer. Please complete the information below:

Carer's Title*:		First Name*:	
Surname*:		Preferred name:	
Date of Birth*:		Gender*:	
Your full postal Address (including postcode)*:	Borough <input type="checkbox"/> Central <input type="checkbox"/> Other <input type="checkbox"/>		
Contact Numbers*:	<input checked="" type="checkbox"/> preferred	Can we leave a message if you're not there when we call	
Home:		<input type="checkbox"/> On voicemail	
Mobile:		<input type="checkbox"/> With someone else, if so, with who?	
Do you use email? May we have your email address and contact you by email?			
Would you like to receive information by post, including our quarterly magazine, <i>Carers</i> ?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NIL BY POST If yes, by post <input type="checkbox"/> by email <input type="checkbox"/>	
Are you currently receiving support from any other organisation, e.g. the local authority, another voluntary agency*? If yes, which agencies:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

About the person you care for. We recommend you tell this person you're sharing this information with us. If you require help with this section, please call us on 0300 111 1919.

Cared For's Title:		First Name:	
Surname:		Preferred Name:	
Date of Birth of Cared For:		Relationship to Carer*:	
Cared For's Address (if different to yours):	Borough <input type="checkbox"/> Central <input type="checkbox"/> Other <input type="checkbox"/>		

*compulsory fields

Primary Diagnosis*:			
Any other diagnoses/conditions:			
Are you the main family carer for this person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you care for more than one person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does anyone else in the household help care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If 'Yes' are they under 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Additional and monitoring information. This information helps us ensure we inform you of all the services that might be available to you, and also helps us ensure that our services are accessible to everyone.

Your GP's Name and Surgery:			
Your ethnic origin:			
Your religion or faith (if any):			
How did you hear about Carers in Bedfordshire?:			
How long have you been a Carer?	(Years)		(Months)
Do you consider yourself as having a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Additional information:

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Referrer's details. If you are completing this form on behalf of the Carer.

Referrer Name:			
Organisation:		Contact Number:	
Email address:			
How would you like us to make contact with you? <input type="checkbox"/> Email <input type="checkbox"/> Telephone			
Do we need to contact you before making contact with the Carer? Please ensure the carer knows you have asked us to contact them		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Referrer Assessment of Carer's needs. Please include specific reasons for referral, details of other agencies involved and interventions offered where appropriate.			

Please send completed form to: Freepost RRUE-YTYU-BECE, Carers in Bedfordshire, Suite K, Sandland Court, Brickhill Drive, Bedford, MK41 7PZ

[Type here]

For CIB use only:

Entered on database by: _____ Date: _____

Date information pack sent if not done at referral: _____

Allocated to: _____ Task set or email sent: _____