**Private & Confidential**

**Referral Form**

**Please return to:**

Sefton Carers Centre

27-37 South Road, Waterloo, L22 5PE

Tel: 0151 288 6060.

Email: [help@carers.sefton.gov.uk](mailto:help@carers.sefton.gov.uk)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has consent been given by all parties below for this referral to be made and data to be shared?  **NB: If consent has not been given, please do not complete the rest of this form** | | | **Yes** | **No** |
| **Carers Name:** | | | **Date of Birth:** | |
| Address: | | | | |
|  | | | | |
| Post Code: | | | | |
| Carer Tel Number: | | | | |
| **Cared For Name:** | | | **Cared for condition:** | |
| **Please indicate (X) whether the Carer is a:** | | | | |
| **Young Carer:**  (Under 18 yrs old and providing care) | **Parent Carer:**    (Parent/Guardian and carer of a child with additional needs) | | **Adult carer:**  (18 yrs or older and providing care) | |
| **Additional information / any known risk factors:** | | | | |
| **Name of Referrer:** | | **Organisation:** | | |
| **Contact Number:** | | **Date:** | | |