**Living Well Sefton Carers Support Team External Referral Form**

Contact No:

Title:

Date of birth:

Name:

Email:

Address:

**Additional information:**

Referred by:

Date:

**Data Protection Act**

Your personal details supplied will be held by Sefton Carers Centre and Living Well Sefton for the purposes of supporting and assessing your needs as an adult carer (18 years of age or over). By typing or signing your name in the signature box and submitting this form electronically or by post, it is accepted that your consent to the above has been given. If you would like to know more about who your information will be shared with and why then please talk with your assessor or see our privacy statement on Sefton Carers Centre website or the Living Well Sefton website.

Personal data that you provide to Sefton Carers Centre will be used to process your application. It will be held in accordance with the Data Protection Act 1998 and UK GDPR. We understand that the information you have provided is of a sensitive and private nature therefore, all staff are bound by a confidentiality agreement.

**Please tick if this referral form has been completed over the telephone and consent has been understood and given by the carer.**

 **When completed, please send to:** **LWSTeam@carers.sefton.gov.uk**