**Carers Referral Form for Moving and Handling Service**

Office Use: MHP1 v.11.19

Date Recd: ID Number:

**PROFESSIONAL’S USE**

**Privacy Statement: TO BE READ TO THE CARER**

Information will be processed securely and in line with current data protection legislation. Any personal or sensitive information, such as health and ethnicity, that is provided to us or shared with us by the carer may be recorded and is used for the purposes of providing advice, information and support to them in their caring role. Our Privacy Policies provide full details explaining why Action for Carers Surrey or White Lodge collect their information, how we use it, who we may share it with and sets out their rights in relation to their data. You can find our privacy policies at [www.actionforcarers.org.uk](http://www.actionforcarers.org.uk) or www.whitelodgecentre.co.uk and it is recommended that the carer read this information. If the carer has any questions about how we use their data they may contact Action for Carers on 01483 302748 or email [dpo@actionforcarers.org.uk](mailto:dpo@actionforcarers.org.uk) or write to Freepost Action for Carers Surrey. For White Lodge email [reception@whitelodgecentre.co.uk](mailto:reception@whitelodgecentre.co.uk) or call 01932 567131.

**Declaration by Professional Referrer:**

**I confirm I have obtained consent (either verbally, via email or in writing) from the carer for Action for Carers Surrey and White Lodge to process the information contained on this form Yes**

**I confirm I have explained the privacy statement above to the carer, how we use their information and where they can find out more about their rights in relation to their data. Yes**

*(You cannot continue without these consents)*

**I confirm that carer has consented to being contacted by the following methods:**

**Email: Yes**   **No Phone: Yes  No 🞏 Post: Yes 🞏 No  Text : Yes 🞏 No**

**Carer Details:**

|  |  |  |
| --- | --- | --- |
| **First Name:** | | **Last Name:** |
| **Title:** | **Date of Birth:** | **Gender: M 🞏 F  Other🞏 Decline to state🞏** |
| **Ethnicity: (optional)** |
| **Address:** | | **Carer Contact number 1:** |
|  | | **Carer Contact number 2:** |
| **Town:** | | **Carer email:** |
| **Postcode:** | | **Parking information if necessary:** |
| **Cared For at Different Address Yes  No  If yes add details:** | | |
| **Are there any other additional carers? Yes  No**  **Please provide details if appropriate.** | | |
| **Name of carer’s GP practice:**  **Is he / she, registered as a carer with the GP? Yes  No  Not sure** | | |
| **Is the carer from a current or former military or veteran household? Yes  No  Not sure** | | |
| **Are there any language, religious or cultural considerations? Yes  No** | | |
| **Are there any specific communication needs, e.g. large print, translation, etc.? Yes  No** | | |
| **Do you know of any reason why personal safety might be at risk when visiting the carer?**  **Yes  No** | | |
| **Has the carer any disabilities or illness? Please state below:** | | |
| **Reason for Referral? Please give details:** | | |

**Cared For Person(s): Please note for those under 18 please supply name and age**

**Please give details of all persons being cared for.**

|  |  |  |
| --- | --- | --- |
| **Relationship to Carer – please give name if under 18** | **Exact Age if under 18**  **Age Range/ Year of birth**  **18-24,25-64,65-84,85+** | **Illness / Disability** |
|  |  |  |
|  |  |  |
|  |  |  |

**Referred by:**

|  |  |
| --- | --- |
| **Name:** | **Role:** |
| **Contact Address:** |
| **Contact telephone number:** | |
| **Contact email address: Bronia.woodhouse@surreycc.gov.uk** | |
| **Other professionals / agencies involved? Y  N  If Yes, please give details below.**  **Care agency / Care manager:**  **Carer support worker:**  **Any other relevant agency:** | |
| **Do you know of any reason why personal safety might be at risk when visiting the Carer?**  **Yes  No  If Yes, please give details:** | |

**I confirm I have gained the consents as detailed on this form and for Action for Carers Surrey or White Lodge to process and store the information contained on this form.**

**REFERRER SIGNATURE ……**………………………………………**……… Date……………………………….…**

**PLEASE RETURN THIS FORM TO: Action for Carers Surrey (ACS) if the carer provides care in one of the following Boroughs:**

**Action for Carers Surrey Email:** [MovingandHandling@actionforcarers.org.uk](mailto:MovingandHandling@actionforcarers.org.uk)

**Postal address:** Moving and Handling Service, Astolat, Coniers Way, Guildford, Surrey, GU4 7HL

**Telephone:** 0303 040 1234

**GUILDFORD**

**MOLE VALLEY**

**REIGATE & BANSTEAD**

**TANDRIDGE**

**WAVERLEY**

**PLEASE RETURN THIS FORM TO: White Lodge if the carer provides care in one of the following Boroughs:**

**ELMBRIDGE**

**White Lodge**

**Email:** [MHadvisors@whitelodgecentre.co.uk](mailto:MHadvisors@whitelodgecentre.co.uk)

or [carol.edmondson@nhs.net](mailto:carol.edmondson@nhs.net)

**Postal address:** Moving and Handling Team, White Lodge, Holloway Hill, Chertsey, Surrey, KT16 0AE

**Telephone:** 01932 577 992

**EPSOM & EWELL**

**RUNNYMEDE**

**SPELTHORNE**

**SURREY HEATH**

**WOKING**