V.05/18
Office Use:

Date Recd: ID Number:

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



**Action for Carers Surrey (ACS) provides to: White Lodge Centre (WLC) provides to:**

**WAVERLEY SURREY HEATH**

**GUILDFORD WOKING**

**MOLE VALLEY RUNNYMEDE**

**REIGATE & BANSTEAD SPELTHORNE**

**TANDRIDGE ELMBRIDGE**

 **EPSOM & EWELL**

**Return to ACS (details at end of form) Return to WLC (details at end of form)**

**Carer Details:**

|  |  |
| --- | --- |
| **First Name:** | **Last Name:** |
| **Address:**  | **Carer Contact number 1:** |
| **Town:** | **Carer Contact number 2:** |
| **Postcode:** | **Carer email:** |
| **Date of Birth: Gender: M/F** | **Ethnicity (optional):** |

 **Please let us know below how we may contact you**: ***(Please tick all that apply)***

|  |  |  |  |
| --- | --- | --- | --- |
| **EMAIL 🞏** | **POST 🞏** | **TELEPHONE 🞏**  |  **TEXT 🞏** |

Note that Email is the most cost effective way for us to send you information.

|  |
| --- |
| **Name of carer’s GP practice:** **Are you, or is he / she, registered as a carer with the GP? Yes** [ ]  **No** [ ]  **Not sure** [ ]  |
| **Are you, the carer, from a current or former military or veteran household? Yes** [ ]  **No** [ ]  **Not sure** [ ]  |
| **Are there any other additional carers? Yes** [ ]  **No** [ ]  |
| **Are there any language, religious or cultural considerations? Yes** [ ]  **No** [ ]  |
| **Are there any specific communication needs, e.g. large print, translation, etc.? Yes** [ ]  **No** [ ]  |
| **Have you the carer any disabilities or illness? Please state below:**  |
| **Reason for Referral? Please give details:** |

**Sharing Information:** I consent to information about me being shared with other professionals or organisations to help provide me with support, where appropriate, either now or in the future (These may include but not exclusively: GPs and Health Professionals, Employers/Employment Service, Housing Providers, Colleges and Training Providers, or other relevant voluntary organisations).

🞏 **Please tick to confirm consent**I consent to information being shared with Surrey County Council to enable, for example, a referral to be made to Adult Social Care for an assessment, or in connection with support for me and for the person I care for.

🞏 **Please tick to confirm consent**

**You can change your mind about your preferences at any time** – by email, phone or letter - the contact details are given at the bottom of this form.
Your information will be kept securely and in line with current data protection legislation. Your personal information is kept for the purposes of providing, advice, information and support to you in your caring role. We also from time to time seek your views to help inform our service provision and compile anonymised statistical data and case studies for commissioning and research purposes.

**Consents**

**Carer information: I confirm my consent for Action for Carers Surrey and White Lodge Centre to process my personal data as described on this form.**

**CARERS’ SIGNATURE ……………………………………………………………………….. Date…………………………………………**

**Cared for Information:** In the course of supporting you, personal data concerning the cared for person may need to be recorded in as far as it is required to support or provide services to

**Cared For Persons:**

|  |  |  |
| --- | --- | --- |
| **CARED FOR INFORMATION**: | Age Range or Year of BirthU18, 18-24, 25-64, 65+ | Cared for Condition |
| Cared For  |  |  |

**Cared for Consent**: For greater transparency, wherever possible we also seek the consent of the cared for person to record and share this dat**a.**

 **I consent for Action for Carers Surrey or White Lodge Centre to process information about me in as far as it is appropriate to provide support to the person who cares for me:**

**Name of Cared For if consenting: …………………………………………………Relationship to Carer …………………………
 (If consenting)
Signature of Cared For……………………………………………………. Date………………………
(This can be the parent/legal guardian if the cared for is a child or, for an adult, a person with legal authority, e.g. power of attorney)**

Where we choose to have certain services, such as IT or data processing, provided by consultants or contractors, we do so in accordance with current data protection legislation and take all reasonable precautions regarding the practices employed by them to protect personal information.

 You have a right to know what personal data Action for Carers (Surrey) or White Lodge Centre hold about you. You also have the right to have your data corrected or deleted. Please address any such issues to us in writing to the registered addresses as detailed below or for Action for Carers (Surrey) you may email dpo@actionforcarers.org.uk or phone 01483 302748, For White Lodge Centre please use the email and phone number detailed below. For further information, please see our Privacy Policy at [www.actionforcarers.org.uk](http://www.actionforcarers.org.uk) or www.whitelodgecentre.co.uk

**PLEASE RETURN THIS FORM TO EITHER (depending on borough – see top of form):**

**Action for Carers Surrey Email:** MovingandHandling@actionforcarers.org.uk **Telephone:** 01483 533 645

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

**White Lodge Centre Email:** MHadvisors@whitelodgecentre.co.uk **Telephone:** 01932 577 993

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