



Adult Carers Gateway Referral Form

Southend Carers is an independent charity run by and for Carers.

Our mission is to make life easier and fairer to Carers in Southend on Sea, and our expert information and advice is always tailored to the Carers individual and personal caring circumstances.

We help carers get the support they need – whether that's financial, practical or emotional and we endeavour to provide services to support & advise them, reduce their isolation, and improve their health & wellbeing.

Our services are completely free and 100% confidential.

This form can be completed by Carers themselves, on their behalf with their knowledge, and by those supporting or working with carers.

Please send the completed form to: Freepost SOUTHEND CARERS

Carers Helpline: 01702 393933

**www.southendcarers.co.uk
info@southendcarers.co.uk**



Registered Charity No. 1093240

Details about you the Carer

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (please indicate)								
Name:									
D.O.B.:		Gender:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say						
Address:									
Telephone:		Mobile:							
		Email:							
What is your ethnic origin? Please choose one option (✓) that best describes your ethnic group or background									
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> White <input type="checkbox"/> English / Welsh / Scottish / Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background </td> <td style="width: 33%; vertical-align: top;"> Mixed / Multiple ethnic groups <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed / Multiple ethnic background </td> <td style="width: 33%; vertical-align: top;"> Asian / Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background </td> </tr> <tr> <td style="vertical-align: top;"> Black / African / Caribbean / Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black / African / Caribbean background </td> <td colspan="2" style="vertical-align: top;"> Other ethnic group <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Prefer not to say </td> </tr> </table>				White <input type="checkbox"/> English / Welsh / Scottish / Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background	Mixed / Multiple ethnic groups <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed / Multiple ethnic background	Asian / Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background	Black / African / Caribbean / Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black / African / Caribbean background	Other ethnic group <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Prefer not to say	
White <input type="checkbox"/> English / Welsh / Scottish / Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background	Mixed / Multiple ethnic groups <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed / Multiple ethnic background	Asian / Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background							
Black / African / Caribbean / Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black / African / Caribbean background	Other ethnic group <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Prefer not to say								

Details about your caring role

Are you the main or secondary carer? Main Secondary

How long have you been caring?

Up to 12 months <input type="checkbox"/>	Between 1 to 3 Yrs <input type="checkbox"/>	Between 4 to 6 Yrs <input type="checkbox"/>
Between 7 to 10 Yrs <input type="checkbox"/>	Between 11 to 15 Yrs <input type="checkbox"/>	Between 16 to 19 Yrs <input type="checkbox"/>
Over 20 yrs + <input type="checkbox"/>		

How many hours care per week do you provide care to this person?

0 - 5 hours <input type="checkbox"/>	5 - 10 hours <input type="checkbox"/>	11 - 20 hours <input type="checkbox"/>	21 - 30 hours <input type="checkbox"/>
31 - 40 hours <input type="checkbox"/>	41 - 50 hours <input type="checkbox"/>	50+ hours <input type="checkbox"/>	

In what areas do you care, assist or help this person?

Personal care (dressing, washing) <input type="checkbox"/>	Practical help (cleaning, ironing) <input type="checkbox"/>
Meals (feeding, meal preparation) <input type="checkbox"/>	Emotional care/support <input type="checkbox"/>
Administering Medication <input type="checkbox"/>	Helping to manage their finances <input type="checkbox"/>
Support to attend appointments <input type="checkbox"/>	Managing challenging/abusive behaviour <input type="checkbox"/>
Support to stay safe (emergency) <input type="checkbox"/>	Socialising (taking out) <input type="checkbox"/>

Have you had a Carers Assessment? Yes No

Do you have formal care or assistance provided? Yes No

Are you in receipt of a Carers Personal Budget from the Local Authority? Yes No

What Carer's support, information or services do you require?

- | | | | | | |
|--|--------------------------|----------------------------|--------------------------|--------------------|--------------------------|
| Benefits Advice | <input type="checkbox"/> | Peer/social support groups | <input type="checkbox"/> | Carers Assessment | <input type="checkbox"/> |
| Carers Counselling | <input type="checkbox"/> | Respite & Breaks | <input type="checkbox"/> | Health & Wellbeing | <input type="checkbox"/> |
| Emergency Planning | <input type="checkbox"/> | End of Life Support | <input type="checkbox"/> | Home adaptations | <input type="checkbox"/> |
| Carers Advocacy | <input type="checkbox"/> | Lasting Power of Attorney | <input type="checkbox"/> | Wills Advice | <input type="checkbox"/> |
| Employment support | <input type="checkbox"/> | Education support | <input type="checkbox"/> | Training courses | <input type="checkbox"/> |
| Other <input type="checkbox"/> (please give details) _____ | | | | | |

How would you describe your physical wellbeing and health?

	Very Good	Good	Quite Good	Not Good	Bad	Very Bad	Please give details if not good, bad or very bad
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sleeping pattern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Do you have a medical health condition, disability or physical barrier - which impacts of your caring role or restricts your access to support? Yes No

If yes, please give details: _____

Do you have any barriers to communication (i.e. language or literacy?) Yes No

If yes, please give details: _____

Is your family aware or involved in your caring role or responsibilities? Yes No

Is your GP aware that you are a Carer? Yes No

Your doctors Name:	_____		
GP Practice Address:	_____		
Postcode:	_____	Telephone No:	_____

Are you juggling work and caring? Yes No

I am in full time work I am in part-time work I am retired I do not work

Are you undertaking any form of education or training Yes No

I am in full time education I am in part-time education I am undertaking training

When is the best time for you to access or attend support services & activities?

Morning Midday Afternoon Evening Weekend

Where did you hear about Southend Carers?

Details about the person you care for

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (please indicate)		
Name:			
D.O.B.:		Gender:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say
Address: (if different)			
Relationship: He/she is my:			
Their condition is:			

CONSENT TO SHARE THIS INFORMATION

In accordance with the General Data Protection Regulation (GDPR), the personal information we collect is stored safely, and with your consent, will be used to enable Southend Carers and its partners to provide you with appropriate assistance, services and support, and aid us to monitor and administrate the services delivered. However, from time to time, we would like to contact you directly with details of other carers support services, events and activities, we provide.*

By signing this form you are confirming that you have read this Data Protection Notice and that you are consenting to Southend Carers holding and processing your personal data for the following purposes (please tick the boxes where you are happy to grant consent): -

- I confirm that I have read the GDPR statement above* understand that the information I provide on this Form will only be shared as allowed by the Data Protection Act 1998**
- I understand that my personal information provided, will be managed effectively and confidentially in accordance with the Data Protection Act 1998**
- I confirm that I would like to be kept informed or contacted about carers services, events, activities & news**

Please tick the boxes below, so we know what communication methods suit you best. You can grant consent to all the purposes; one of the purposes or none of the purposes.

Post Email Telephone Text All of them

Where you do not grant consent, we will not be able to use your personal data, except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm.

If you do grant consent, please note you can withdraw your consent to all or any one of the above purposes at any time by contacting info@southendcarers.co.uk.

Your Signature: _____

Date: _____

Please return your completed form to:

Freepost SOUTHEND CARERS