



Registered Charity Number 1103712, Company Reg. No. 4779458 Registered in Wales.
Network Partners of Carers Trust

CREDU Connecting Carers

Referral Form

CREDU are committed to providing information, advice and support to Carers and Young Carers across Powys.

You can refer by completing this form and emailing via secure e-mail to carers@credu.cymru in the post to Marlow, South Crescent, Llandrindod Wells LD1 5DH or calling **01597 823800**

Once we have received the referral the Carer will be contacted

You can also find out more by visiting www.credu.cymru by liking our Facebook page '**CREDU Connecting Carers**' or by following our Twitter account [@CREDUCarers](https://twitter.com/CREDUCarers)

PROFESSIONALS

Do you have permission from the Carer to make this referral? YES/NO

Name of Professional		Team/Organisation	
Phone Number(s)		Email	
How would you like to keep in touch about this case?			
Would you like to receive general news & updates by email from the Carer's Unit? YES/NO			

HAVE THEY HAD A CARER'S ASSESSMENT?
Know

Yes / No / In progress / Don't

CAPTURING THE HEART OF THE MATTER

We ask these questions in order to gain a holistic understanding at the point of referral. However, if you are not able to answer them all, please do not worry we will still accept a referral as long as we have their contact details and you have their permission to refer to us.

Personal/Family Outcome (If known)

- What would they like life to be like?

Strengths

- What's going well? * Who is helping?

Priority Risks

- What are the challenges or issues that are getting in the way of them reaching their outcome/goal?
- Lone Working / Safeguarding

Safety/Contingency plan

- Do they have a back up plan? *What if the Carer is unable to care?

What needs to happen?

Where are they now?

Is there anything else that you think that we should know?

PERSONAL INFORMATION

We take each family's privacy seriously and we will use their personal information to enable us to support them and monitor the difference we make. Their personal information may be shared with the local Authority (Council) and the NHS as a 'public task'.

We may suggest other organisations and services that could support the family, but would only pass your information on to these with the carer's permission, unless someone is at risk.

ABOUT THE CARER

Carers' Name		Date of Birth	
Address		Phone number(s)	
POST CODE			
Email		Language Preference Verbal Written	ENGLISH/WELSH/ OTHER ENGLISH/WELSH/ OTHER
Young Carers' School			

ABOUT THE PERSON (OR PEOPLE) CARED FOR

Name		Date of Birth	
Relationship to Carer			
Details of Health/Disability			
Name		Date of Birth	
Relationship to Carer			

Details of Health/Disability

EQUALITY MONITORING

Would you mind if we record Equality Monitoring Information?
 PREFER NOT TO COMPLETE

How would you describe ETHNIC BACKGROUND?	
Prefer Not to Say	
White	
	English/Scottish/Welsh/Northern Irish/UK
	Irish
	Gypsy or Irish Traveller
	Any other white Background
Mixed ethnic Background	
Asian/Asian UK	
	Indian
	Pakistani
	Bangladeshi
	Chinese
	Any other Asian background
Black / African / Caribbean / Black UK	
	African
	Caribbean
	Any other Black / African / Caribbean
Other ethnic group	
	Arab
	Other
Would Carer describe themselves as Disabled? YES / NO	Prefer Not to Say /

RELIGION OR BELIEF	
Prefer Not to Say	
No Religion	
Christian	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Other religion	
SEXUAL ORIENTATION	
Prefer Not to Say	
Heterosexual	
Lesbian, gay men or bisexual	