



Dundee Carers Centre Referral to Carers Outreach & Support Team

DATE

Full Name:

Address:

Postcode:

Telephone No.:

Email Address:

Mobile No.:

Date of Birth: Male Female

What is the illness/disability of the person you care for?

What is your relationship to this person?

How would you say you are currently coping with your caring role? (tick one)

coping well just managing really struggling at crisis point

How would you describe your own health as a carer? (tick one)

poor okay good very good

If home visit is required, are there any issues/needs relating to home visits?
(E.g. access difficulties, pets, etc)

Does your GP know you are a carer? Yes No

If no, are you happy for us to let your GP know you are a carer? Yes No

If yes, please give the name and address of your GP:

Please indicate below the services you feel you currently need from the Centre:

- | | | | |
|--|--------------------------|-------------------------|--------------------------|
| Individual 1:1 support | <input type="checkbox"/> | Groups (social/support) | <input type="checkbox"/> |
| Information/advice | <input type="checkbox"/> | Outings and events | <input type="checkbox"/> |
| Direct Payments | <input type="checkbox"/> | Young Carers Project | <input type="checkbox"/> |
| Training (manual handling, First Aid, stress management, assertiveness) <input type="checkbox"/> | | | |

What is your ethnic origin?

- | | | | |
|--|--------------------------|--------------------------------------|--------------------------|
| Indian, Indian Scottish or British | <input type="checkbox"/> | Chinese, Chinese Scottish or British | <input type="checkbox"/> |
| Pakistani, Pakistani Scottish or British | <input type="checkbox"/> | Gypsy/Traveller | <input type="checkbox"/> |
| Bangladeshi, Bangladeshi Scottish or British | <input type="checkbox"/> | White Scottish | <input type="checkbox"/> |
| Arab | <input type="checkbox"/> | White English, Welsh or Nth Irish | <input type="checkbox"/> |
| African, African Scottish or British | <input type="checkbox"/> | White British | <input type="checkbox"/> |
| Caribbean, Caribbean Scottish or British | <input type="checkbox"/> | White Irish | <input type="checkbox"/> |
| Black, Black British or Scottish | <input type="checkbox"/> | White Polish | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | | |

Language(s) spoken: _____

Fluency in English (please circle)

Very fluent Competent Not very fluent Not at all fluent

Please tick here if you do **NOT** want to be on our mailing list

Where did you first hear about the Dundee Carers Centre?(E.g. GP surgery, Social Work dept., District Nurse, etc.)

Please return this form to:

Dundee Carers Centre, First Floor, Argyll House, West Marketgait, Dundee, DD1 1ND

For any further information or help with this form, please call **(01382) 200422**

For Agencies Only

Is the carer aware of this referral and can they be contacted? Yes No

Agency Information:

Name of Referrer:

Agency:

Job Title:

Contact no:

Address:
(Please include postcode)

*Your personal information will be securely stored on our database and will not be shared with third parties without your permission.
This is in accordance with the 1998 Data Protection Act.*