

A Carer is someone who, without payment, helps and supports a relative, child, neighbour or friend, who because of illness, disability, frailty or addiction is unable to manage alone.

## REFERRAL FORM

**All referrals go directly to a trained Carer Support Worker for assessment of needs**

Referer: (name)	Organisation:
Job Title:	Contact Number:
<b>Client Details</b>	Contact via: Telephone/Letter
Name:	
Dob:	GP Name and address: (if known)
Male/Female:	Telephone Number:  Can Carer be contacted at home? YES / NO
Address:	
Postcode:	
Contact Numbers:	
<b>Referral Details:</b>	
This referral has been made with the client's consent.	
Signed (referer): _____ Date: _____	
<b>Please email referrals to the address below – many thanks</b>	

Wired & Inclusive Access (UK) Ltd

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