**Referral Form for Professionals**

Please complete this form as fully as you are able to, then email to info@signpostforcarers.org.uk. To send securely, password protect the document, and send the password separately.

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|  **About you, the person completing this form.**  |
| Name |
| Organisation/relationship to carer  |
| Email address Tel No  |
| **Please confirm you have received the carer’s consent to share these details with Signpost Yes No** Is there anything that Signpost should know before contacting this carer?  |
| **Carer details** |
| Name  |
| AddressPostcodeEmail address  | Date of Birth |  |
|  Home Tel No |  |
| Mobile Phone |  |
| Relationship to the cared for person:Does the cared for person live in Stockport? Yes No  | Is the cared for person under 25? Yes No |
|  |  |
| Support needs (tick any/all that apply):   |  | General information, advice and carer support |
|  | Financial info and advice |
|  | Emotional support/counselling |
|  | Peer support |
|  | Self care, information and activities |
|  | Life after Loss/ support with changes to caring relationship  |
|  | Other (please specify if known) |
|  |
| Carer’s Signature (if available) |

**Thank you. Please return to** **info@signpostforcarers.org.uk** **or by post to Signpost, The Heatons Centre, Stockport, SK4 3LD. For support completing the form or any queries about our service, please ring 0161 442 0442.**