**Referral Form for Professionals**

Please complete this form as fully as you are able to, then email to [info@signpostforcarers.org.uk](mailto: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 | | | |
| Address  Postcode  Email 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**](mailto: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.**