

## Carers Wellbeing Service Calderdale Referral Form

Please complete the below form and email it to [carers.wsc@makingspace.co.uk](mailto:carers.wsc@makingspace.co.uk) or you can post it to Suite 6B, Rimani House, 14-16 Hall Street, Halifax, HX1 5BD

Carer's Details	
Title:	Date of Birth:
Name:	Email:
Telephone:	Contact preferences: phone, email, post
Address:	
Postcode:	
Gender:	Employment Status:
Ethnicity:	Faith:
Personal Disabilities, including any communication needs:	
Where did you hear about us?	

Caring situation
Illness or disability of person cared for:
Relationship to carer:

<b>Support Required</b>	
Information and Advice	One to One Support
Emergency Backup Plan	Carer's Needs Assessment
Support Groups	Social Groups
Courses for Carers	Buddy Scheme
Young Adult Carer Support (18-25)	Newsletter

To be completed by professional:

**Referred by:**

Name:

Organisation:

E mail:

Telephone:

Date of Referral:

Brief Details If Applicable:

## Confidentiality and Consent to Disclose

Making Space holds personal information about you and keeps a record of all they do with you; this will be stored on paper or on the computer. You have a right to see the personal information we hold about you; please speak to a team member about this who will tell you what to do. All of your personal information is held confidentially in line with the Data Protection Act 1998.

It is essential that Making Space share information with the person or agency that referred you to our service and is involved in your care or support. To do this we need your permission. If necessary, we may also share information with other agencies unless you requested us not to do so. Please let staff know who you **do not** wish to be contacted regarding your care or treatment.

Employees and volunteers of Making Space will only share information on a '**need to know**' basis when it is necessary and justified, in line with the confidentiality policy. This includes the necessary sharing of information where there is a risk of harm to yourself or others and if required to under law (e.g. criminal activity).

Who is information being shared with?	What information do you want to share?
Referring Agency (e.g PCT, Local Authority)	It is required that all necessary information is shared with the referring agency.
Family members (e.g primary Carer)	
Other	

If you have any questions regarding what information will be shared and with whom please ask an employee.

Name of Individual: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_