

Referral Form for Carers Wellbeing Service

Title:	First Name:	Surname:
Date Of Birth:		
Full address:		
Postcode:		
Contact number:		Gender:
Email:		
Other languages/communication needs:		
GP Name: Address:		
Contact Number:		
Who is the person/ people that you care for? Civil partner or spouse, Boyfriend or girlfriend, Parent, Child, Friend, Neighbour etc. Please specify		
Approximately how many hours care do you provide per week?		
Describe your caring responsibilities in your own words:		
Who should we contact in case of emergency? Name: Relationship to you: Contact number:		
Name (please print)	Signature	Date

Information for Monitoring Purposes
Strictly Private and Confidential

Monitoring is a vital part of our future funding. The information that you provide is confidential and is used anonymously for the Birmingham Mind Carer Wellbeing Service monitoring outcomes only. Personal details will be not be divulged to any 3rd party.

Gender (please state)	Male	Female	Transgender
	Non Binary	Gender Fluid	Other

How would you describe your ethnic origin? Please tick the relevant box

African	Asian or Asian British - Bangladeshi
Asian or Asian British - Indian	Asian or Asian British - Pakistani
Asian or Asian British - Other	Black or Black British - African
Black or Black British - Caribbean	Black or Black British - Other
Chinese	Eastern European
Mixed - White and Asian	Mixed - White and Black African
Mixed - White and Black Caribbean	White - British
White - Irish	White - Other
Other – please specify	

Nationality:

How would you describe your religion or belief?

Christian	Jewish	Buddhist	Muslim	Sikh
Hindu	Other Religion or Belief	No Religion	Rather Not Say	

Your marital status:

Single	Married	Separated	Divorced	Widowed	Civil Partnership
Same Sex Marriage	Living with Partner	Prefer not to say			

How would you describe your sexuality?

Heterosexual	Gay	Lesbian	Transsexual	Bi Sexual	Prefer Not to Say
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Your employment status:

Carer	Full time work	Part time work	Self employed	In education	Volunteer
Not in training, education or employment					

What is your primary form of transport?'

Car	Train	On Foot	Taxis	Bike	Bus
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Other (please state)

Do you smoke Yes No

Do you have an allergies? Yes No

If Yes, please tell us here:

What are your main language(s):

Do you consider yourself to be disabled?

If yes please specify:

(e.g. Learning Disabilities, Mental Health, Physical Disability, Sensory Impairment)

Consent to Share: Please Read the Statements Before Signing

By signing this consent to share form you understand and agree to:

1. Receiving further communications (e.g. promotional emails) YES or NO
2. Receiving communication via (please tick all that apply)
 - a. Email
 - b. Mail
 - c. Telephone
 - d. Text
 - e. None
3. Information held by Birmingham Mind about me, for example my support file can be made available internally and to external agencies for audit purposes. (Information used for external audits is subject to confidentiality protocols between Birmingham Mind and the relevant agency.)
4. Information can be placed on Birmingham Mind's computerised database, subject to the Data Protection Act.
5. I understand that it may be necessary to share information elsewhere without my consent;
 - a. If my own or other people's health and safety is at risk.
 - b. If there is a child protection or vulnerable adult issue.
6. To enable Birmingham Mind to provide appropriate support to you it will be necessary to contact and share information with other agencies. I agree to Birmingham Mind sharing appropriate information with the following agencies:
 - a.
 - b.
 - c.

SIGNED BY THE SERVICE USER:

DATE:

SIGNED BY BIRMINGHAM MIND STAFF:

DATE: