

Telford & Wrekin Carers Centre

**Adult Referral Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Person making referral if different than below: |  | | | |
| Date of Referral: |  | | | |
| Referrer Tel Number |  | | | |
| Referrer Email |  | | | |
| **Adult Carer Details** | | | | |
| Forename: |  | | | |
| Surname: |  | Gender: Male ⬜ Female ⬜ | | |
| Address |  | | | |
| Postcode |  | | | |
| Telephone |  | | | |
| Mobile |  | | | |
| Email |  | | | |
| Date of Birth |  | | | |
| Age |  | | | |
| **Person being Cared For Details** | | | | |
| Name |  | | Date of Birth |  |
| Relationship to Carer |  | | | |
| Illness/Disability |  | | | |
| Any further information |  | | | |

**PLEASE RETURN TO** [**admin@telfordcarers.org.uk**](mailto:admin@telfordcarers.org.uk) **or call 01952 240209. Please adhere to GDPR guidelines and password protect this document, sending password for access in separate email to the same email address.**

**Instructions for password protection:**

**PC: File – Info – Protect Document – Encrypt with Password.**

**Mac: Word menu – Preferences – Personal Settings – Security – Password to open.**