

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** **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.**