Referral to Carers Together Wiltshire

Has the Carer given consent to this referral and for us to record them as an unpaid carer on Wiltshire Councils systems: **Yes / No**

The Carers details:			
Name:		**Address:**	
DOB:			
Ethnicity:			
Relationship to cared for:			
Telephone:		**GP Surgery and Town:**	
Mobile:			
Email:			
Preferred method of contact:	€ **Telephone** € **Mobile** € **Email**	**Best day (AM/PM) to contact:**	
Does the carer have any Communication needs: (Sensory, behaviour, health, access etc)			
The cared for persons details:			
Name:		**Address if different from Carer:**	
DOB:			

Tell us about the main issues for this Carer currently:

Guidance for completing this section: Can the carer achieve a healthy balance between their caring responsibilities and their personal and emotional needs. Tell us what kind of things they are struggling with or worrying about. Tells us if you have safety concerns for the carer or the person they care for.

Please return this referral form to us by emailing:
enquries@carerstogetherwiltshire.org.uk

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