



Carers ID Card Application Form Carers Referral Form & Guidance Notes

Are you a Carer or a Professional? Carer (complete Sections A, C, D, E)
Professional (complete Sections A, B, C, D, E)

Section A: Carer Details:

Title:	Full Name:		
Address:		Postcode:	
		Date of Birth:	
Telephone:		Email:	
Written Language Preference:		Spoken Language Preference:	
How are you currently coping with your caring role?			
Coping well <input type="checkbox"/> Just Managing <input type="checkbox"/> Really Struggling <input type="checkbox"/>			
Preferred contact (if applicable):			
Day:		Method (Phone, Email, text):	
Time:			

Section B: Professional & Third Sector Referrer Details (if applicable):

Name of person making referral:	Organisation / Setting:
Telephone:	Email:
Date:	Signature:

Section C: About the person you care for:

Carers relationship to the person cared for (i.e. wife, husband, parent, sibling):
Cared for address: Please note the cared for must live in the local authority area that is funding the service (Carmarthenshire)
What illness, disability or condition does the person have?

Section D: Risk Information:

Are there any risks to the carer, cared for or our staff that we should be aware of. (These could include, remote location, presence of pets, smoking)

Section E: Information and support

By clicking yes in any of the boxes below you are agreeing to receive support from Adferiad and are confirming that the referred individual has been clearly informed, and have they provided explicit consent for their information to be shared with the Carer Service. If you do not have consent, please do not continue to complete section E of the form.

	Yes
Would you like a Carers Information Pack ?	<input type="checkbox"/>
Would you like an appointment with a Carers Wellbeing Support Worker ?	<input type="checkbox"/>
Would you like to be added to our mailing list to receive our Newsletter (4 times a year)?	<input type="checkbox"/>
Other types of support such as, grants, groups, local activities etc?	<input type="checkbox"/>

Signature:

Date:

Please return to:

Adferiad
16 Queen Street
Carmarthen
Carmarthenshire
SA31 1JT

Email: carersincarms@adferiad.org