

Carer Support Plan Referral Form

A carer is someone who provides substantial and regular care to a family member or friend, who is frail or has an illness or disability. Carers of any age are entitled to an assessment of their own needs as a carer regardless of whether or not the person they care for is in receipt of services. A Carers Support Plan is an opportunity for a carer to talk about the care they provide; how it affects their life; and identify the support needed to help them to look after their own health and wellbeing.

Carer Details:

Name (Print) _____ D.O.B _____

Address _____

Post Code _____ GP Name & Surgery _____

Tel No: Home _____ Mobile _____

Please indicate which **Ethnic Group** you consider you belong to (eg White, Chinese, Irish Traveller, Mixed) _____

Please indicate your **Nationality** (eg Latvian, Lithuanian, Polish) _____

Preferred **Language** _____

The person cared for is:

Name _____ Date of Birth _____ GP Name & Surgery _____

a) Child/Young Person OR b) Adult aged 18-64yrs 65yrs or over

Their main illness or difficulty is: Physical Learning
Sight/Hearing Mental Illness

They live in Belfast: North South East West
Outside Belfast (Please state where) _____

Has the carer had a Carer Support Plan / Assessment previously? YES/NO

If YES, by whom & when approximately _____

Details of person making Referral:

Carer Please sign below

I provide substantial and regular support to a family member/friend and I would like to have my support needs as a carer assessed.

Carer Signature _____ Date _____

Other Please complete details below

Name (Print) _____ Role/Organisation _____

Signature _____ Telephone _____

Address _____ Postcode _____

Please return completed form to:

Carer Support Service, Belfast HSC Trust, 3rd Floor, Arches Health & Wellbeing Centre, 1
Westminster Avenue North, Belfast BT4 1NS CarerSuppSvcs@belfasttrust.hscni.net