Haringey Carers' Support Project

Referral Form

Service being referred to:

- ☐ Training
- ☐ Voucher Scheme
- ☐ Advocacy Services
- ☐ Other

Date of Referral:

Person being referred

Name:

Address:

Postcode:

Mobile Number:

Landline Number (home telephone):

Email Address:

Date of Birth:

Age:

Disability:

Gender

- ☐ Male
- ☐ Female
- ☐ Other

Sexual Orientation:

Marital Status:

Ethnicity:

Religion/Belief:

Preferred methods of contact:

- ☐ Mobile
- ☐ Landline
- ☐ Email
- ☐ Post

Employment status

☐ Working full time ☐ Working part time

☐ Student ☐ Not working ☐ Retired

How long have you been a carer?

How many hours of care do **YOU** give each week (average)?

0-10 ☐ 11-20 ☐ 21-30 ☐ 31-40 ☐ More ☐

How many hours of **PAID** support do **YOU** get each week to help look after your family member/friend?

0 ☐ 1-10 ☐ 11-20 ☐ 21-30 ☐ 31-40+ ☐

Have you ever registered as a carer with Haringey Council?

☐ Yes ☐ No ☐ Don't know

How would you rate your 'wellbeing'? (please circle):

1 2 3 4 5 6 7 8 9 10

Are you happy to receive other information from us? ☐ Yes ☐ No

Referring person / organisation

Your name:

Name of organisation:

Address:

Postcode:

Mobile Number:

Landline Number:

Email Address:

Please return the completed form to:

Carers' Support Project
HAIL
Tottenham Town Hall
Town Hall Approach Road
London
N15 4RY

Contact us
Email: admin@hailltd.org
Telephone: 020 8888 0579

healthwatch Haringey

Public Voice

HAIL LIVING LEARNING WORKING LOVING