**Bay Benefits - Referral Form**

For the use of professionals and service users

**(Please complete in full)**

|  |  |
| --- | --- |
| Name |  |
| Address  Telephone Number |  |
| Refers details –  **(Professional only)**  Name, address, email, contact telephone number (if applicable)  If self-referral please tick box |  |
| Date of Birth |  |
| National Insurance Number  **(we will need this)** |  |
| Are you Disabled in anyway?  **Please tick to box that applies** | Yes No |
| Date |  |
| Signature |  |

Ethnicity

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **White:** |  | **Mixed:** |  | **Asian or Asian British:** |  | **Black or Black British:** |  | **Chinese or other ethnic group:** |  |
| White British | □ | White and  Black | □ | Indian | □ | Black  Caribbean | □ | Chinese | □ |
| White Irish | □ | White and  Black African | □ | Pakistani | □ | Black  African | □ | All other  Ethnic Groups | □ |
| White Other | □ | White and  Asian | □ | Bangladeshi | □ | Other Black  Groups | □ |  |  |
|  |  | Any other  Mixed  Background | □ | Any other  Asian  Background | □ | Any other  Black  Background | □ |  |  |

**Reason for referral**

Please provide basic details of what help is required.

|  |
| --- |
|  |

**Has your client agreed to this referral? Yes No**

**(Professional only)**

**Which Carers Centre would like to attend for the appointment?**

**Please tick**

**The Olive Carers Centre**

**Torquay**

**Paignton Carers Centre**

**Paignton Library**

**Brixham Carers Centre**

**Kings Street**

**Please Note: Please bring any medical letters you may have which state any diagnosis/prognosis, including a list of current medication.**

**Please also be aware if you are applying for a Blue Badge we will need a passport photo and a cheque for £10.00 to pay the administration fee set by Torbay Council and Torbay and South Devon NHS Foundation Trust**

Thank you for your referral, one of the Carers Aid Torbay team will be in touch within three working days of receiving the referral form.

**Please note we cannot take referrals without this form**

**For Office/ admin use only**