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| **A purple circle with white text  AI-generated content may be incorrect.** | **Bristol Carers Service Referral Form**  We support families, partners & friends of Bristol adults with mental health issues. Please check the [**postcode of service user**](https://www.gov.uk/find-local-council) **(cared-for person)** is in Bristol City Council area before referring to us. The carer can live anywhere. |
| **1. Carer details** | |
| Name and Surname |  |
| Date of birth |  |
| Email address: |  |
| Contact phone number/s: |  |
| Preferred method of contact: | Text  Phone  Email  Post |
| Address & Postcode |  |
| Name of GP surgery: |  |
| Gender: | Female  Male  Non-Binary Gender fluid  Other  Prefer not to say |
| Ethnicity: | **White:**  British  Irish  Other |
|  | **Asian/Asian British:**  Bangladesh  Chinese  Indian  Pakistani  Other |
|  | **Black/Black British:**  African  Caribbean  Other |
|  | **Mixed:**  White Asian  White and Black African  White and Black Caribbean  Other |
|  | Arab  Other Ethnic Group  Prefer not to say |
|  |  |
| **2. Cared-for person’s details (must be in City of Bristol)** | |
| Name and Surname |  |
| Date of birth |  |
| Address |  |
| Care coordinator & Mental Health team |  |
| MH condition or diagnosis |  |
| Relationship to carer |  |
|  |  |
| **3. Referrer’s details** | |
| Date of this referral: |  |
| Name: |  |
| Service/Team: |  |
| Phone number: |  |
| Email address: |  |
|  |  |
| **4. Reason for referral** Please obtain carer’s consent before referring | |
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| --- | --- |
| **5. Risks identified regarding carer** (please complete at least one) | |
| Harm from others: |  |
| Harm to self: |  |
| Harm to others: |  |
| No risks identified |  |
|  |  |
| **6. Additional Information** | |
| Language needs? | If an interpreter is required, please state language(s) and gender preference: male / female / either. |
| Other needs/ disabilities |  |
| Any children under 18? (Please state age/s). |  |

We are committed to providing equal access to our services. Information you give us will be treated confidentially and stored safely in accordance with Rethink’s Data Protection Policy, see [**www.rethink.org/bristolcarers**](http://www.rethink.org/bristolcarers)

Please return this form to[**bristolcarers@rethink.org**](mailto:bristolcarers@rethink.org)protected with a password agreed with us, or phone us on 0117 9031803.

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| For Rethink staff:  date contact made | Details |
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