

Peterborough Carers Wellbeing Service

Referral form

**Please email completed referral forms to
 peterboroughcws@makingspace.co.uk, or alternatively
 please call 01480 211006 to speak to a member of the team.**

For more information about the support available please visit:
makingspace.co.uk/support-for-carers/peterborough-carers-wellbeing-service

1. Carer information:

Title:	
Full name:	
Address:	
Phone number:	
Email:	
Date of Birth:	
Gender:	
Ethnicity:	
Employment status:	
Carer Type - sole, joint, mutual, parent:	
Your relationship with the person you care for e.g. spouse, parent, sibling:	
Disability/condition of cared for person:	
Do you consider yourself to have a disability?	

Do you have a first language other than English? If so, please state:	
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2. Referrer information:

Date of referral:	
Is this a self-referral?	Yes / No
If no, please give the name of referrer?	
Organisation of referrer (if relevant):	
Referrer email:	
Referrer contact number:	

3. Support being referred for (please tick):

Advice and information	Emotional support	Groups / Activities	‘What If’ plan

4. Any other relevant information:

Please provide us with any other relevant information relating to the referral including potential risks:	
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