

### 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, 3<sup>rd</sup> Floor, Arches Health & Wellbeing Centre, 1  
Westminster Avenue North, Belfast BT4 1NS [CarerSuppSvc@belfasttrust.hscni.net](mailto:CarerSuppSvc@belfasttrust.hscni.net)