

Mind in Harrow  
Stepping Stones for Carers  
Referral Form

About You:

Name: \_\_\_\_\_ Gender: M/F

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_ Main Language: \_\_\_\_\_

Religion: \_\_\_\_\_

Name & Telephone Number to contact in an Emergency: \_\_\_\_\_  
\_\_\_\_\_

Carers Health (do you have any specific health needs you would like to make us aware of):  
\_\_\_\_\_  
\_\_\_\_\_

Carers Interests (what would you like to do if a break in service is given to you)  
\_\_\_\_\_  
\_\_\_\_\_

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Information (Relationship to a person cared for and for how long cared for):  
\_\_\_\_\_  
\_\_\_\_\_

I am willing for the information on this form to be shared with Mind in Harrow staff on a 'need to know' basis, and give them permission to contact my GP or relevant professional in a case of major concern or crisis

I give my consent for Mind in Harrow to hold a sensitive personal data about me, as defined in the Data Protection Act 1998, in order to enable a good quality of service to be provided to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## About Person to be Cared for:

Name: \_\_\_\_\_ Gender: M/F

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ethnic Origin : \_\_\_\_\_ Main Language: \_\_\_\_\_

Religion: \_\_\_\_\_

Name and Telephone Number to Contact in an Emergency: \_\_\_\_\_

\_\_\_\_\_

Cared for Persons Health: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cared for Persons Interests (what would you like to do if a Support Staff service was given to you):

\_\_\_\_\_

\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am willing for the information on this form to be shared with Mind in Harrow staff on a 'need to know' basis, and give them permission to contact my GP or relevant professional in a case of major concern or crisis

I give my consent for Mind in Harrow to hold a sensitive personal data about me, as defined in the Data Protection Act 1998, in order to enable a good quality of service to be provided to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_