

Referral Form

Notes to the referral form

Please complete the following referral form. If you are referring yourself you only need to complete Section 1. If you are a young carer (under 16) this form must be completed by an adult. If you are completing the form on behalf of a young carer please give contact details for their parent or guardian. If you are making the referral on behalf of someone else, we may need to get in touch for further information. Please return your completed referral by email (if completed online) to office@carers-westlothian.com or by post to Carers of West Lothian, Sycamore House, Quarrywood Court, Livingston EH54 6AX

Section 1 The person being referred			
Name			
Date of birth			
Are you / they (please tick one) -			
Carer	<input type="checkbox"/>	Person with a disability	<input type="checkbox"/>
		Young carer (age 8-18)	<input type="checkbox"/>
If they are a young carer, please give the name of parent or guardian			
Relationship to the young carer			
Please use the space below to tell us about your, or the person being referred, situation			
Home telephone		Mobile	
Email address			

Section 2 The person referring			
Name			
Service			
Has consent been given by the person being referred?	Yes	<input type="checkbox"/>	No
		<input type="checkbox"/>	<input type="checkbox"/>
Please tell us why you are making this referral			
Telephone			
Email address			
Signed		Date	

Data Protection: Carers of West Lothian is a Scottish Charity, registered under the **Data Protection Act**. We will keep your details confidential and will use them only for statistical purposes and to supply you with appropriate information, advice and services. By filling in this form and submitting it to us you consent to us using your data. You can withdraw consent at any time by contacting CoWL by telephone on **01506 448000** or email office@carers-westlothian.com