**Money Matters & Catch Up Referral Form**

**Personal details:**

|  |  |
| --- | --- |
| **Title:**  **Name:** | **Date of Birth:**  **Gender:** |
| **Address:**  **County:** **Post Code**: | |
| **Telephone:** | **Mobile:** |
| **Email address:** | |
| **GP Surgery:** | |
| **Are you an unpaid Carer?** Yes  No  *(If you look after a loved one, friend, or neighbour who is ill, frail, disabled, has a mental health concern or problematic substance use, then you are a Carer.)*  **If so, who do you care for and what are their age/s, and main illness/ disability/ condition?**  **What benefits does the person you care for claim?** | |
| **Do you have any illnesses/conditions/disabilities yourself?** Yes  No  **If so, please provide details (optional):** | |
| **Who do you currently live with?** (please provide ages and their relationship to you) | |
| **What is your household income details/benefits you are currently receiving?** (please list below) | |
| **Do you have any savings?** Yes  No  **If so, how much?** £ | |
| **How would you say you are currently coping?** *(please tick)*  Coping well  Just managing  Really struggling  **If you feel that you are at crisis point please be advised to contact Delta Wellbeing directly on: 0300 333 2222** | |

**Support needs:**

|  |  |
| --- | --- |
| **What kind of support would you like to receive? *(please tick all that apply)*** | |
| Help with budgeting and managing income & expenditure |  |
| Welfare Benefits check / advice |  |
| Income Maximisation inc. discounts and concessions |  |
| Support with essential household items |  |
| Support with food or fuel costs |  |
| Financial workshops ; e.g. digital finances, online banking, use of price comparison sites, budgeting, etc. |  |
| General financial information, e.g. managing money, budgeting factsheets, food banks, etc. |  |
| Other (please specify): |  |

**Other:**

|  |  |  |
| --- | --- | --- |
| **What is your first Language?** | | |
| English | Welsh | Other (please specify): |
| **Would you like to receive / continue receiving Carers Newsletters?** | | |
| Yes  No | | |
| **How did you hear about us?** | | |

**For Agencies Only:**

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| --- |
| Has the Carer provided consent for this referral and sharing their information with Carers Trust Crossroads West Wales? YES  NO |

**Referrer details:**

|  |  |
| --- | --- |
| Name: | Organisation & Job title: |
| Address:    Post Code: | |
| Telephone: | Mobile: |
| Signed: | Date: |

**Please return completed forms to:**

**Carers Trust Crossroads West Wales, The Palms Unit 3, 96 Queen Victoria Road,**

**Llanelli, Carmarthenshire SA15 2TH Telephone: 0300** **0200 002 Email:** [**info@ctcww.org.uk**](mailto:info@ctcww.org.uk)

*This information will be stored and handled securely in accordance with the Data Protection Act 1998*

**Equal Opportunities Monitoring Form**

Carers Trust Crossroads West Walesstrives to ensure equal opportunities practice is adhered to and has a clear policy in terms of challenging discriminatory practices. In order to have accurate information about our performance and to meet funder requirements, we would be grateful if you would complete the monitoring form below. The information will be stored anonymously and confidentially.

|  |
| --- |
| **Age Range:**  0-4 years  5–11 years  12-15 years  16-25 years  26-34 years  35-44 years  45-54 years  55-64 years  65-74 years  75-84 years  85-94 years  95-104 years  105+ years  Prefer not to say |
| **Are you a Carer?** A carer is anyone who cares unpaid for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.  Yes  No  Prefer not to say |
| **Gender Identity:**  Male  Female  Non-Binary  Other  Prefer not to say |
| **Is your Gender identity different to your sex registered at birth?**  YesNoPrefer not to say |
| **Ethnicity:**  **Asian or Asian British Mixed**  Bangladeshi  White and Black Caribbean  Indian  White and Black African  Pakistani  White and Asian  Chinese  Any other mixed origin  Any other Asian  **Black or Black British White**  African  British (including English/Northern Irish/ Caribbean  Scottish/Welsh)  Any other black origin  Irish  Any other  **Other Ethnic Group**  If you would like to further describe your ethnicity, please do so here:  Prefer not to say |
| **Do you have any physical or mental health conditions or illnesses which have lasted or is expected to last for 12 months or more AND reduces your ability to carry out day-to-day activities?**  YesNoPrefer not to say |
| **Are you married or in a same sex civil partnership?**  YesNoPrefer not to say |
| **How would you describe your Sexual Orientation:**  Heterosexual  Bisexual  Gay/Lesbian  Queer  Questioning  Other  Prefer not to say |
| **Are you a Parent Carer for someone under the age of 18?**  Yes  No  Prefer not to say |
| **What is your first Language?**  English  Welsh  Other  Prefer not to say |
| **Have you been in paid Employment (full or part-time) in the last year?**  Employed (Full or part-time)  Unemployed  In Education  Not in Education OR Employment  Prefer not to say |
| **Do you live in a rural area?** (e.g. an area located outside of a town with little or no services or facilities nearby)  Yes  No  Prefer not to say |

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**Llanelli, Carmarthenshire SA15 2TH Telephone: 0300 0200 002 Email:** [**info@ctcww.org.uk**](mailto:info@ctcww.org.uk)