



Please return completed forms to **PKAVS Carers Centre, Lewis Place, North Muirton, Perth, PH1 3BD** (01738 567076) or email to Carershubadmin@pkavs.org.uk / www.pkavscarershub.org.uk

Perth & Kinross Association of Voluntary Service Ltd (PKAVS) is a registered Scottish Charity (SC 005561) and a company Limited by Guarantee, Registered in Scotland (86065)

Section 3 - Cared for Person

Name of Cared for Person(s)						
	CF 1.			CF 2.		
Address (if different from carer)						
Town/City						
Postcode						
Contact Number						
Date of Birth						
Age Group	0-17 <input type="checkbox"/>	18-64 <input type="checkbox"/>	65+ <input type="checkbox"/>	0-17 <input type="checkbox"/>	18-64 <input type="checkbox"/>	65+ <input type="checkbox"/>
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
Hours spent caring per week	1-20 hours <input type="checkbox"/>	20-50 hours <input type="checkbox"/>		1-20 hours <input type="checkbox"/>	20-50 hours <input type="checkbox"/>	
	50 plus <input type="checkbox"/>	24/7 <input type="checkbox"/>		50 plus <input type="checkbox"/>	24/7 <input type="checkbox"/>	
What relationship is Carer to Cared for?						
Do you care for more than 2 people?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Care Group Category (Please tick all that apply)					
	CF1	CF2		CF1	CF2
Mental ill-health	<input type="checkbox"/>	<input type="checkbox"/>	Frail/older person	<input type="checkbox"/>	<input type="checkbox"/>
Learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>	Children with special needs	<input type="checkbox"/>	<input type="checkbox"/>
Physical disabilities	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Dementia	<input type="checkbox"/>	<input type="checkbox"/>
Substance Misuse	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify illness)	<input type="checkbox"/>	<input type="checkbox"/>
Palliative (specify illness)	<input type="checkbox"/>	<input type="checkbox"/>			

Section 4 - Reason for Referral (Please tick all that apply & give more info below)

Benefits Advice	<input type="checkbox"/>	Grants & Charitable Funding Advice	<input type="checkbox"/>
Respite for Carers	<input type="checkbox"/>	Telephone Support	<input type="checkbox"/>
Information & Advice	<input type="checkbox"/>	Carers Social Groups & Peer Support	<input type="checkbox"/>

Please give us more info on your reasons for making a referral

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PKAVS Day Respite Centre Referral (please complete below)	<input type="checkbox"/>
Please confirm that the person being referred meets the criteria for attending the Day Centre and can weight bear and is able to transfer from a wheelchair to the toilet	<input type="checkbox"/>
Consent	
Depending on the reason for processing your personal data, it may be shared with other organisations, where necessary, that provide support/advice services such as statutory bodies, health organisations, other third sector organisations or providing data to the Carer Census (Scottish Government). We would only share this information if it was in your best interests and we would always make attempts to let you know that we are going to share this information.	
YES, I give my permission for my details to be shared	<input type="checkbox"/>
NO, I do not want my details to be shared	<input type="checkbox"/>