Together Dementia Support
Kath Locke Centre
123 Moss Lane East
Manchester
M15 5DD

0161 226 7186
admin@togetherdementiasupport.org
www.togetherdementiasupport.org

Registered Charity 1180628

Together Dementia Support
Enabling people in Manchester to live positively with Dementia

New Carer Referral / Self-Referral for Support

Date:	

All sections of this form must be completed in full or the form will be returned to you for completion. Do not leave a question blank if information has been declined to be shared, and instead indicate that this is the case.

Referrer Details

If you are completing this referral on behalf of someone else, please provide your details so we can keep you up to date with the status of the person being referred. By submitting this referral you are consenting to us holding your information for the purposes of our referral process.

Referrer Name	
How do you know the person being referred?	
Referrer telephone no	
Referrer e-mail	
How did you hear about Together Dementia Support?	

Professional Referrer

You only need to complete these details if you are a referring the person within your capacity as a professional

Your organisation name	
Your job title	

Service(s) you are referring to

To learn more about our services, visit www.togetherdementiasupport.org/our-services

- ☐ Carer Support
- ☐ Carer Training

The Carer Being Referred – General Details

Title	
Full name	
Known as / preferred name	
Date of birth	
Main language	
Full address Including post code	
Main telephone no	
Email Address	

Gender
◯ Female
◯ Male
◯ Non-binary
◯ Prefer not to say

Describe your ethnic background

PLWD Information

Title and full name	
Relationship to person being referred	
Full address Including post code	

Dementia Diagnosis

◯ Mild cognitive impairment	◯ Alzheimer's	◯ Vascular Dementia
◯ Mixed Alzheimer's & Vascular Dementia	◯ Young Onset Dementia	◯ Frontotemporal
◯ Lewey Body	◯ Posterior Cortical Atrophy	◯ Parkinson's Dementia
◯ Mixed Parkinson's & Alzheimer's	◯ Other	◯ Not Known
◯ Does not have Dementia		

Please tell us about any other health issues (e.g. other medical conditions or disabilities)

Is there anything else we should know about the person to ensure that we give the right support to ensure they are safe and happy at Together Dementia Support?

Thank you for completing this Carer Referral Form.

Please return it as an attachment to admin@togetherdementiasupport.org and we will let you know the outcome as soon as possible.

What happens next?

1. Once we have received your referral, we will let you know within three working days when we have completed processing it.

2. The referral will enter our Waiting List for accessing services and you will be informed when this happens and how long you should expect to wait.

3. A Triage phone call will further determine the referred person's needs and suitability for our services. You should expect this phone call within 2 weeks of initial referral.

4. An Assessment Visit will be arranged during the triage stage. One of our staff members will visit you at home and get to know you, your needs, how we can support you and talk to you about the services we can offer.