Unpaid Carers Referral Form

This form will refer an unpaid carer (over the age of 18) for further help and support to the Carers Information Service (CIS) in their county. They can provide information and offer help to support them in their caring role.

Name of IiC setting: Meddygfa Teilo - GP Surgery

About the unpaid carer:

Title: Full name:	Address:
Date of birth:	Postcode:
Telephone:	Email:
Written language preference:	Spoken language preference:

How would you say you are currently coping with your caring role?

☐ 1 *Not coping*	☐ 2	☐ 3	☐ 4	☐ 5 *Coping well*

The types of information and support offered by the Carers Information Service could include a carers information pack, details of carers cards, access to grants, and a chance to have a *'what matters to me'* conversation.

If you care for someone, you have a legal right to have your caring needs assessed. A Carer's Needs Assessment could be the first step to gaining vital support. It's your chance to discuss the help you need as an unpaid carer.

Would you like to speak to someone about having a **Carers Needs Assessment?**	☐ Yes

Where to send the completed form:

Once completed please ensure this form is sent (post or email) to the Carers Information Service of the county where the unpaid carer lives. Please tick as appropriate:

☐ **Carmarthenshire:** Carers Information and Support Service (CCISS), 16 Queen Street, Carmarthen, Carmarthenshire SA31 1JT or email: carersincarms@adferiad.org

☐ **Ceredigion:** Porth Gofal, Ceredigion County Council, Canolfan Rheidol, Rhodfa Padarn, Llanbadarn Fawr, Aberystwyth, SY23 3UE or email: contactsocservs@ceredigion.gov.uk

☐ **Pembrokeshire:** Carers Support Pembrokeshire, Carers Trust Crossroads West Wales, The Palms, Unit 3, 96 Queen Victoria Road, Llanelli, SA15 2TH (head office) or email: carerssupportpembs@ctcww.org.uk

Please sign and date:

By signing this form, you are agreeing for your details to be passed on to the Carers Information Service within your county. They will store and use your personal information to help and support you in your caring role.

Carers signature:	Date:

Ffurflen Atgyfeirio Gofalwyr Di-dâl

Bydd y ffurflen hon yn cyfeirio gofalwr di-dâl (dros 18 oed) i gael cymorth a chefnogaeth bellach at y Gwasanaeth Gwybodaeth i Ofalwyr yn eu sir. Gallant ddarparu gwybodaeth a chynnig help i'w cefnogi yn eu rôl ofalu.

Enw'r lleoliad Buddsoddwyr mewn Gofalwyr:

Am y gofalwr di-dâl:

Teitl: Enw llawn:	Cyfeiriad:
Dyddiad geni:	Cod post:
Rhif ffôn:	E-bost:
Dewis iaith ysgrifenedig:	Dewis iaith lafar:

Sut fyddech chi'n dweud eich bod chi'n ymdopi â'ch rôl ofalu ar hyn o bryd?

☐ 1 *Ddim yn ymdopi*	☐ 2	☐ 3	☐ 4	☐ 5 *Ymdopi'n dda*

Gallai'r mathau o wybodaeth a chymorth a gynigir gan y Gwasanaeth Gwybodaeth i Ofalwyr gynnwys pecyn gwybodaeth i ofalwyr, manylion cardiau gofalwyr, mynediad at grantiau, a chyfle i gael sgwrs '*beth sy'n bwysig i mi'.*

Os ydych yn gofalu am rywun, mae gennych hawl gyfreithiol i gael asesiad o'ch anghenion gofal. Gallai Asesiad Anghenion Gofalwyr fod yn gam cyntaf tuag at gael cymorth hanfodol. Dyma'ch cyfle i drafod yr help sydd ei angen arnoch chi fel gofalwr di-dâl.

Hoffech chi siarad â rhywun am gael **Asesiad Anghenion Gofalwyr?**	☐ Hoffwn

Ble i anfon y ffurflen wedi'i chwblhau:

Ar ôl ei chwblhau, sicrhewch fod y ffurflen hon yn cael ei hanfon (post neu e-bost) i Wasanaeth Gwybodaeth Gofalwyr y sir lle mae'r gofalwr di-dâl yn byw. Ticiwch yn briodol:

☐ **Sir Gaerfyrddin:** Gwasanaeth Gwybodaeth a Chymorth i Ofalwyr (CCISS), 16 Heol y Frenhines, Caerfyrddin, Sir Gaerfyrddin SA31 1JT neu e-bostiwch: carersincarms@adferiad.org

☐ **Ceredigion:** Porth Gofal, Cyngor Sir Ceredigion, Canolfan Rheidol, Rhodfa Padarn, Llanbadarn Fawr, Aberystwyth, SY23 3UE neu e-bostiwch: contactsocservs@ceredigion.gov.uk

☐ **Sir Benfro:** Cymorth i Ofalwyr Sir Benfro, Ymddiriedolaeth Gofalwyr Croesffyrdd Gorllewin Cymru, The Palms, Uned 3, 96 Ffordd Frenhines Victoria, Llanelli, SA15 2TH (prif swyddfa) neu e-bostiwch:carerssupportpembs@ctcww.org.uk

Llofnodwch a nodwch y dyddiad:

Drwy lofnodi'r ffurflen hon, rydych yn cytuno i'ch manylion gael eu trosglwyddo i'r Gwasanaeth Gwybodaeth i Ofalwyr yn eich sir. Byddant yn storio ac yn defnyddio eich gwybodaeth bersonol i'ch helpu a'ch cefnogi yn eich rôl ofalu.

Llofnod y gofalwr:	Dyddiad: