|  |
| --- |
| **Personal details for main carer** |
| **Title** |  | **First Name** |  | **Surname** |  |
| **Home Address** |  |
| **Area** |  | **Post Code** |  |
| **Contact Number** |  |
| **E-mail Address** |  |
| **DOB** |  | **Ethnicity** |  |
| **Languages Spoken (including signed languages)** |  |
| **Language Read** |  |
| **Relationship to person Cared for** |  |
| **Interests/ Hobbies** |  |
| **Days available for COPe** |  |
| **Please circle any that apply to you** | **Learning Diability** | **Autism Spectrum** | **Physical Disability**  | **Sensory Impairment** | **Other, please state** |
|
|
| **Good time to contact you** |  | **Preferred method of contact** |  |
| **Personal details of cared for person** |
| **Title** |  | **First Name** |  | **Surname** |  |
| **Home Address** |  |
| **Area** |  | **Post Code** |  |
| **Contact Number** |  |
| **E-mail Address** |  |
| **DOB** |  | **Ethnicity** |  |
| **Languages Spoken** |  |
| **Language Read** |  |
| **Relationship to Carer** |  |
| **Interests/ Hobbies** |  |
| **Days available for COPe** |  |
| **Please circle any that apply to you** | **Learning Diability** | **Autism Spectrum** | **Physical Disability**  | **Sensory Impairment** | **Other, please state** |
|
|
| **Any other information** |
|
|
|

|  |
| --- |
| **Person Completing Form** |
| **Is this a self-referral** | Yes | No |
| **How did you hear about us? (please circle)** | **Facebook** | **Twitter** | **Website** | **GP** | **Social Services** **Team** | **Schools** |
| **If you are filling out this form on behalf of a Family carer, please complete the following:** |
| **Name** |   | **Role** |  |
| **Place of work** |   | **Contact Number** |   |
| **E-mail Address** |   |

**Please return this form to:**

**By e-mail:** **COPe@sheffieldmencap.org****.uk**

**By Post: Sheffield Mencap and Gateway**

**Norfolk Lodge**

**Park Grange Road**

**Sheffield S2 3QF**

**If you require any support to complete this form please contact the team on 0114 275 8879.**