

**Sleep Matter’s Project**

Carers Referral Form

**Sleep Support**

**For People Living With Dementia And Their Carers**

Thank you for applying to the ‘Sleep Matters’ Project. Please only complete if you care for someone with Dementia who has problems sleeping. The Project is designed to equip the Carer with information so that they can help the person living with Dementia get an improved night’s sleep. Progress will be monitored throughout the project.

**Thank You**

Please return completed forms to: Elizabeth O’Connor, No.1 Quays Reach, Carolina Way, Salford, M50 2ZY Alternatively email to: [Elizabeth@uni.uk.net](mailto:Elizabeth@uni.uk.net)

All the information you provide on this form will be handled in a confidential manner and in accordance with the Data Protection Act 1998. All details will be put on the Sleep Matters database and we will contact you in due course.

Please can you tell us a little bit about the person with Dementia and their sleep problems, and what you are hoping to gain from taking part in this project: If you require more space, please use the back of this form.

**To be completed by Carer**

Name of Carer:

Address:

Tel:

Mobile:

Email:

Does the person you care for sleep at this address? Yes No

If ‘No, please tell us their address: