**CREG Reference** (to be completed by a recognised service that supports carers*)*

Please ask your referee to complete the section below. Unfortunately, we are unable to accept applications without this endorsement. If you do not already have a support worker please call our Advice Line on 01736 756655

|  |  |
| --- | --- |
| Name of referee |  |
| Job title |  |
| Email address |  |
| Phone number(s) |  |
| Please tick which organisation you work for | Cornwall Carers Service  Other |
| Organisation address |  |
| How do you know the applicant? |  |
| Please tell us why you are supporting this application | |
|  | |
| Please explain why other funding options are unavailable or not applicable |  |
| Signature | *Please sign to indicate you have read the grant T&Cs and endorse this application* |
| Date |  |