Adult Carer's Registration Form

Do you provide unpaid care and support to a family member, friend or neighbour who is ill, frail, disabled or has mental health or substance misuse problems? If so you are a Carer and we would like to support you. Please fill in this form and hand into reception.

About me: The Carer

Name				
Date of Birth				
Address				
Post Code				
Telephone Number	Home		Mobile	
Can we contact you by email?	Yes/No	Email Address:		
Any Relevant Information				
How many hours per week are you caring?	1-10 hours		10-20 hours	
	20-30 hours		40 hours +	
	Full- Time 24/7			
Do you work alongside your caring role?	Full-Time		Part-Time	
	Self-Employed		Voluntary Work	
Is your employer aware that you are a carer?	Yes		No	
	Not Employed			

Please tick below as necessary, so that we can provide you with the best help and support.	
I have already had a carer's assessment. (If so, please tell us the date of your assessment)	
I would like to be referred to Care for the Carers for information, advice and support	
I would like to receive more information about help and support from the carers lead at the Practice.	
Are you aware of your rights as a carer?	

I give consent for my details to be held by my surgery and for them to contact me about the patient named below. YES/NO

I am a Carer and I would like my caring role to be recorded on the Practice Carers Register.

Signature_____ Date:_____

About the Person that I care for

Name		
Date of Birth		
Address (If different from above)		
Post Code		
Telephone Number (If Different from Above)	Home	Mobile
GP Details (If Different from your Own GP)		
Relationship to yourself		

I hereby consent for my carer _____ to speak to the practice on my behalf. I am aware this will allow the carer to have full access to my medical records.

Signed:_____ Date: _____