Carers Register Registration Form

Information about you:

|  |  |
| --- | --- |
| Title | Mr [ ]  Mrs [ ]  Miss [ ]  Ms[ ]  Other: Click or tap here to enter text |
| First name  | Click or tap here to enter text. |
| Last name | Click or tap here to enter text. |
| Address (including postcode)Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Gender | Male [ ] .Female [ ]  Other [ ]  | Date of birth Click or tap to enter a date. |
| Please choose the box that best applies. Do you care for:An adult with a physical disability or sensory impairment [ ] An adult with a learning disability [ ] An adult with mental illness (18 – 64) [ ]  An older person with mental illness (65+) [ ] An older person (over 65) [ ] If none of the above please specify: Click or tap here to enter text. |
| What is your relationship to the person you care for?Click or tap here to enter text. |
| Name of your GP | Click or tap here to enter text. |
| Address of GPClick or tap here to enter text. |
| Telephone number of GP |       |
| Would you like us to write to your GP confirming you are a carer?Yes [ ]  No [ ]  | Please provide your NHS number (if known) Click or tap here to enter text. |
| Do you have any health needs / disabilities – please describe? (please use a separate sheet if required) Click or tap here to enter text. |

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| Carers who provide, or intend to provide, a substantial amount of care on a regular basis are entitled to an assessment in their own right. This is called a Carer’s Assessment. The assessment focuses on talking about your caring role and the impact that this has on your life. It should also take into consideration any other family commitments, your work, education, training or leisure activities, as well as any aspirations in life you may have.Would you like us to contact you about having a Carer’s Assessment?Yes [ ]  No [ ]  |

**About the person you look after:**

|  |  |
| --- | --- |
| Title | Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other: Click or tap here to enter text. |
| First name  | Click or tap here to enter text. |
| Last name | Click or tap here to enter text. |
| Address (including postcode) – if they do not live with youClick or tap here to enter text. |
| Telephone number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Gender | Male [ ]  Female [ ]  Other [ ]  | Date of birth      |

From the 1st March 2018, Carers First will administer the Carers Register.

**I understand that the data I have provided on this form will be shared with Carers First for the purpose of being added to the carers register and to receive information about caring.**

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| Signature: Click or tap here to enter text. | Date:       |

Upon receipt of your form, you will be sent an information pack which will include a letter for a discounted leisure pass, and information and application form for the Carers Emergency Alert Card and Emergency Planning Scheme.

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| **Please return to:**Commissioning UnitLondon Borough of Haringey4th Floor, River Park House 225 High RoadLondon N22 8HQEmail: carers@haringey.gov.uk | Contact the First Response Team on telephone 020 8489 1400 or email Firstresponseteam@haringey.gov.uk for information regarding assessments.To refer a young carer, contact Haringey’s Young Carers Project on telephone 07971 308 891 - 9am and 5pm, Monday to Friday |

*OFFICE USE ONLY:*

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| Date received Click or tap here to enter text. | Date added to register & letters sent Click or tap here to enter text. | FW-i Number Click or tap here to enter text. |