

Carer's Registration Form

About You:

Your name:

Your date of birth:

Your daytime telephone number:

Your address:

Gender:

Male	Female
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Are you previously known to Social Services?

Yes	No
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What is your relationship to the cared for person?

Name of your GP:

Address of your GP:

Telephone number of your GP:

Do you consent to your GP knowing that you are a carer?

Yes	No
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Do you have any health needs / disabilities / sensory needs (visual impairment, hard of hearing, deaf) that you would like to be taken into consideration?

Do you have any other commitments such as:

A paid job Children and / or family Study or training Voluntary work Other:	
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Do you want this information to be shared with the person you care for?

Yes	No
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About the person your care for:

Their name:

Their address:

Their date of birth:

Their telephone number:

Their disability:

Learning disability	Yes	No
Physical disability or sensory impairment	Yes	No
Mental ill health	Yes	No
Elderly	Yes	No

If none of the above, please specify:

About the care you provide:

How long have you been caring for this person? Please tick

Fewer than 2 years		2-5 years		More than 5 years	
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On average, how many hours per day do you spend caring or need to be available?

1-5 hours		5-15 hours		15-24 hours	
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Are you involved in the planning of the person's treatment and care

Yes		No		No, but would like to be	
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Please tell us what help you provide for the person you care for:

(Please tick all the help that you give and indicate whether it is difficult to give this help)

Task	Always difficult	Sometimes difficult	Not difficult
Help with taking medication			
Giving emotional support			
Managing their money			
Other financial support			
Making sure the person is safe			
Providing / arranging transport			
Dealing with aggression, violence or verbal abuse			
Dealing with crisis			
Dealing with difficult behaviour			
Help with practical tasks (eg. personal care, cooking, shopping, etc)			
Home nursing tasks (eg. changing catheter, giving medicine, special diet)			

Any other help:

Please use the following space to identify other caring tasks that you carry out or to provide additional information if you wish to.

Please indicate whether or not you live with the person being cared for. If you do not, how far away do you live and how long does it take you to travel to / from his / her home?

Information and advice:

There are a number of ways in which support can be offered to you. Would any of those listed below be of help to you?

	Yes	No
Changes to the home environment (eg. provision of equipment like a bath seat or rails)		
Someone to help with caring tasks		
Someone to sit with the person you care for to enable you to have a break		
A few days' or weeks' break occasionally (or longer)		
A meal delivered to the person cared for		
Someone for you to talk to		
To be put in touch with other carers		
Advice / information about incontinence, diet, lifting and handling, specific illnesses		
Advice / information about communication eg. large print, hearing aids		
Advice concerning behavioural difficulties of the person you care for		

We know it is often difficult for carers to be frank about their feelings, but it is important that we have as much information as possible to carry out a full assessment

Has caring affected you financially? Please describe

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Would you like further advice on finances / benefits?

Yes	No
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About you and your family's health and well-being:

If you have any cultural or religious needs (eg. to attend a place of worship) which you wish to be taken into consideration, please use this space to tell us about them.

Please use this space to let us know how caring affects you physically and emotionally. For example, do you get enough sleep? Do you feel that your health is affected? Do you experience any difficulties with the person you care for? Have you given up a job, hobby or lost touch with friends? Do you feel that you are able to continue caring?

Does someone else provide support with the caring tasks described? Please tell us if anyone under 18 is assisting you to provide care.

Is there anything you would like to tell us about the person you care for?

If you feel you need an urgent assessment, please give details.

Would you like someone to visit you to make a full assessment of your needs under the *Carers (Recognition and Services) Act 1995* and the *Carers and Disabled Children Act 2000*?

Yes	No
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This could be a social worker, care co-ordinator or other approved assessor.

Confidentiality: please put a cross in the box if you do not want your information shared

Signature:

Date:

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Please return to:
Carers Service Administrator
Adult Services
Haringey Council
40 Cumberland Rd
London N22 7SG

To contact an assessment and care management team directly, telephone the duty social worker for the person you look after:

Older people: 020 8489 1400

Physical disabilities / sensory impairment / HIV/AIDS: 020 8489 3092

Learning disabilities: 020 8489 1384

Mental health (START): 020 8442 6714

Children with disabilities: 020 8489 3672

To refer a young carer, contact the Children and Young People's Service referral and assessment team on 020 8489 1856 with the agreement of the young carer and their parent.

Equal Opportunities Monitoring

Haringey Council is committed to promoting equality of opportunity for everyone. We aim to provide services fairly and without discrimination. Please provide the following information to help us monitor which groups in our community are using our services.

This information will be treated as confidential and will not be used to identify individuals.

Thank you for completing this form.

How would you describe your ethnic origin? (please tick the appropriate box)

WHITE

British

Irish

Greek Cypriot

Turkish Cypriot

Kurdish

Turkish

Other White

ASIAN or ASIAN BRITISH

Indian or British Indian

Pakistani or British Pakistani

Bangladeshi or
British Bangladeshi

East African Asian

Other Asian

OTHER ETHNIC GROUP

Chinese

Any other ethnic group (please specify)
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MIXED

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background

BLACK OR BLACK BRITISH

Black Caribbean

Black African

Other Black

Are you male or female?

Male

Female

Do you have a disability?

Yes

No

What age was your last birthday?

I do not wish to give this information