Carers Register Registration Form

Information about you:

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| --- | --- | --- | --- | --- |
| 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 GP  Click 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 you  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 |

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.**

|  |  |
| --- | --- |
| 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 Unit  London Borough of Haringey  4th Floor, River Park House  225 High Road  London N22 8HQ  Email: [carers@haringey.gov.uk](mailto: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. |