

CARERS REGISTRATION & CONSENT FORM

If you need help filling in this form a member of staff will be happy to assist. A **Welsh language** version and a large print version are available on request.

**Carer’s details**

**Title**:\_\_\_\_ **First Name(s**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Town**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Post Code**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tel**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mobile**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**National Insurance No**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred language**: Welsh □ English □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GP Surgery**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Carer status** *(tick ONE only)*: Current Carer □ Former Carer □ Parent Carer □

**Employment status** *(tick ONE only)*:

Employed □ Self-employed □ Retired □ In education □ In training □ Unemployed/Not in education, employment or training □ Prefer not to say □

**Emergency contact** *(name, number and relationship*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to Carer**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title**:\_\_\_  **First Name(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Town**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Post Code**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tel**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mobile**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**National Insurance No**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment status** *(tick ONE only)*:

Employed □ Self-employed □ Retired □ In education □ In training □ Unemployed/Not in education, employment or training □

**Cared for details**

**Main Disability****of the Cared for**

*(tick ONE only)*

Cardiovascular □

Dementia □

Elderly/infirm □

Illness □

Learning Disability □

Long Term Health Condition □

Mental Health □

Neurological □

Autism/ADHD □

Physical Disability □

Sensory - Hearing Loss □

Sensory - Visual Impairment □

Substance/Alcohol misuse □

Other □

I would like to be referred to the following Swansea Carers Centre services:

Financial/Welfare Rights/Grants □

Carers activities/training □

Holistic therapies □

Ty Conway/Respite services □

Counselling/support groups □

Employment/training support □

Young Adult Carer support (16-25) □

Volunteering □

Parent Carer support □

Dementia support □

**Referrals**:

□ How did you hear about us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick if you wish to **OPT IN** to receive the following information

□ Monthly e-bulletin □ Information by SMS text message

□ Newsletter by post (twice a year) □ Newsletter by email (twice a year)

□ Information by email

All personal data will be held on our database and processed in accordance with the Data Protection Act 1998. It is confidential and will not be passed on to any third parties. You can contact us to remove or request your data or to change your contact preferences. Please refer to our privacy policy for information on how we use your data.

**Notes**:

**Accessibility information** Please tell us if you have any needs that we can accommodate to ensure that you have access to our services. eg. Hearing impairment, mobility issues, language barriers …

**Office Use only** Initial contact date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entered into Charitylog Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charitylog client ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use only**

Entered into Charitylog Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charitylog client ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_