**Carer / Family Member / Friend**

**REGISTRATION FORM**

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| Dear Carer / Family Member / FriendWe see the next of kin / carers / friends and family as an integral part of the community we work with. We would like to register you as someone that provides valuable support to one of our service users, so that we can make sure you are being offered the support and information that may enhance your own wellbeing. By registering carers details onto our electronic health records system, we can justify all the group support, therapy and education that we offer to carers. *We may share your information with other statutory or third sector organisations in order to refer you for further support. For example, Slough Carer Support, or your GP, to avoid you repeating your story and make sure you can access all of the support available.* |

Your Name ……………………………………………………………………

Your Date of Birth ……………………………………….…………………

Name and address of the person you care for ………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

GP Surgery…………………………………………………………………………………………………………………………………..

The relationship to the person you care for (i.e. friend, partner or relative)

…………………………………………………………..

Ethnicity…………………………………………….…… Language spoken………………………………………………

Do you require an interpreter: Yes/No

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| Are you also a: |  |  |
| * Parent of young family
 | * Caring for parents
 | * A carer with your own mental health needs
 |
| * Single parent of a child under 18
 | * A young carer (under 19)
 | * A carer with learning needs
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| Would you like a carer’s assessment? (A carer's assessment is an opportunity to share your story with the Carer Lead to gauge whether there is any support you are eligible to access to increase or maintain your own wellbeing) |
| * Yes
 | * No
 | * Maybe in the future
 |
| *There may be a waiting list for a carer assessment at this time, but please do not hesitate to get in contact with the Carer Lead on 01753 690 950 if you require support urgently.*  |
| Would you like the opportunity to have an individual conversation or meeting with a member of staff? |
|  | * Yes
 | * No
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| Would you like written information on: |
| * Advocacy
 | * Medication
 | * Equipment/

technology | * Advance statements
 |
| * Information sharing, consent, and confidentiality
 | * Power of Attorney
 | * Carers Allowance
 | * Attendance Allowance
 |
| * Support for carers
 | * Welfare rights
 | * Managing stress
 | * Psychological support for carers
 |
| * Carers Assessments
 | * Housing advice
 | * Caring and employment
 | * Activities available in the community
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| * Healthy eating/nutrition
 | * Psychosocial interventions
 | * Behaviour that challenges
 | * Drugs and alcohol
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| * Diagnosis/mental health condition (please specify)……………………………………………………………..
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| Your address (including postcode)…………………………………………………………………………………………… |
| ………………………………………………………………………………………………………………………………………………… |
| Your phone number………………………………………………………………………………………………………………… |
| Your email address…………………………………………………………………………………………………………………… |
| Signed……………………………………………………………………………………………………………Date………………... |