



Carers Registration form

Please fill in your details, and the details of the person you care for.

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| CARER Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> |
| Employed Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Employed <input type="checkbox"/> Retired <input type="checkbox"/> |
| CAPITALS First Name(s) _____ Last Name _____ |
| Address _____ Post Code _____ |
| Home Phone _____ Mobile Phone _____ |
| Email Address _____ Date of Birth _____ |
| Your relationship to the person you care for _____ |
| Name of GP Surgery _____ |
| What type of care are you providing? Emotional Support <input type="checkbox"/> Personal Care (washing, dressing, toileting etc.) <input type="checkbox"/> Financial Support <input type="checkbox"/> How many hours per week are you caring? 0-5hrs <input type="checkbox"/> 15-35hrs <input type="checkbox"/> 35hrs+ <input type="checkbox"/> |
| CARED FOR Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> |
| CAPITALS First Name(s) _____ Last Name _____ |
| Address _____ Post Code _____ |
| Date of Birth _____ |
| Please tell us more about the disability of the person you care for: Visual impairment <input type="checkbox"/> Learning disability <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Mental Health <input type="checkbox"/> Type of Physical disability <input type="checkbox"/> _____ Type of Mental Illness <input type="checkbox"/> _____ Other (please describe) <input type="checkbox"/> |

Have you had a Carers Assessment? Yes No If No, would you like a Carers Assessment? Yes No

If yes, please tell us the date of your assessment

If no, please tell us why you would not like an assessment

ABOUT YOU

Please provide the following information to help us monitor which groups in our community are using our services. This information will be treated in the strictest confidence and not be used for any other purpose.

White

- Scottish
- English
- Irish
- British
- Greek
- Greek Cypriot
- Turkish
- Turkish Cypriot
- Italian
- Polish

If other White background
Please specify below

- Russian
- Kurdish
- Gypsy/Romany
- Traveller
- Former USSR republics

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- White and Chinese

If other Mixed Background,
Please specify below

Asian or Asian British

- Indian
- Pakistani
- Not Stated

If other Asian background
Please specify below

Black or Black British

- Caribbean
- African
- Ghanaian
- Nigerian
- Somali

If other Black background,
Please specify below

Other Ethnic Group

- Chinese
- Other
- I do not wish to state my Ethnic Origin

If other Ethnic Group Please
specify below

Religion: _____

Disability

Do you have any physical or mental impairment that has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities? Yes No Prefer not say

If 'Yes' please state the nature of your long-term illness, disability or condition

Are there any children under 18 other than the cared for person in the family? Yes No

If **YES** please state names and dates of birth below:

| Full Name (CAPITALS) | Date of Birth |
|----------------------|---------------|
| | |
| | |
| | |

Do you give permission for your child to be referred to Dazu : (Ask ECC for more details) Yes No

I understand that I may be sent information as a result of being added to the Carers Register, and that Enfield Council will have access to this information which is held on a secure database. All the information Enfield Carers Centre and Enfield Council hold about you is protected under the Data Protection Act 1998.

Signature _____

Date _____

Source: where/how did you hear about the Carers Centre _____

Please return your completed form to:

FREEPOST RSZX-KTHS-CYKX Enfield Carers Centre, Britannia House, 137-143 Baker Street, Enfield, EN1 3JL