

CARER REGISTRATION FORM

ABOUT YOU AS THE CARER	ABOUT THE PERSON YOU CARE FOR
Title : Mr / Mrs / Miss / Ms	Title : Mr / Mrs / Miss / Ms
First Name :	First Name :
Surname :	Surname :
Address :	Address if different from Carer :
Post Code :	Post Code :
Date of Birth (Carer):	Date of birth (cared for) :
Telephone No :	Telephone No :
Mobile :	What is the Cared For's relationship to the Carer? Mother/Father/Sister/Brother/Wife/Husband/Son/Daughter Other (please state) :
Work Telephone :	
Email :	Cared For's Social Care Group (please tick) :
Are You Working? Yes / No If yes, Full-time / Part-time	a) Mental Health b) Learning Disability c) Older People (65+) f) Other (please specify) : More information about disability :
Do you have a Disability? Yes / No If yes, are you registered as a Disabled person? Yes / No	
d) Physical Disability Sensory Disability e) Disabled Child	
Which surgery do you attend? Your GP's Name :	Surgery Address if different from Carer : GP's Name :
Carer's Ethnic Origin :	Cared For's Ethnic Origin :
How many hours a week do you spend caring? Up to 50 hours / over 50 hours	Does the Cared For person have a Blue (Parking) Badge? : Yes / No
Does the person you look after (cared for) have any contact with Social Services? : Yes / No	
Would you like information and advice about welfare benefits? : Yes / No	
How did you hear about Harrow Carers?	
Can we add this information to our Carers' Database? : Yes / No	
Other relevant information :	