

OFFICE USE ONLY

Date received:

Date info pack sent:

Eclipse No:

Date added to register:

Emergency Card No:

Date card sent:

**Carers Registration Form (Please complete and sign overleaf)**

Please complete all sections clearly for you and the person you care for and where appropriate, in CAPITAL letters.

Please see the 'Privacy Notice' on page 2 before returning the form.

CARER DETAILS

Title: Mr Mrs Miss Ms

First Name(s): Last Name:

Address:

Post Code:

Home Phone: Mobile Phone:

Email Address: Date of Birth:

What is your relationship to the person you care for:

Employed: Full Time Part Time Not Employed Retired

Name of GP Surgery:

DETAILS OF CARED FOR 1**DETAILS OF CARED FOR 2**

Title: Mr Mrs Ms Miss Master

Title: Mr Mrs Miss Ms Master

First Name(s): First Name(s):

Last Name: Last Name:

Address if not same as carer: Address if not same as carer:

Post Code: Post Code:

Email Address: Email Address:

Date of Birth: Date of Birth:

Name of GP Surgery: Name of GP Surgery:

Disability of Cared for 1**Disability of Cared for 2**

Visual impairment Hearing impairment

Mental Illness Learning disability

Physical Disability Other

Physical disability Type: Physical disability type:

Mental Illness Type: Mental Illness Type:

Other: Other:

Type of care are you are providing**Type of care are you are providing**

Emotional Support Financial Support
 Practical Help, housework, appointments etc.
 Personal care (washing, dressing, toileting etc)

How many hours per week are you caring?

How many hours per week are you caring?

0-5hrs 6-14hrs 15-35hrs 35hrs+

0-5hrs 6-14hrs 15-35hrs 35hrs+

YOUNG CARERS

Are there any young people, 5-18 years who are involved in or affected by caring? Yes No
ECC have a Young Carers team. Would your young people like a referral to that team? Yes No

CARERS ASSESSMENTS – if your cared for is over 18 years old

Have you had a Carers Assessment before? (cared for 18+)? Yes No
If yes, please tell us the date of your Assessment:
If not, would you like a Carers Assessment? (cared for 18+)? Yes No
If no, please tell us why you would not like an assessment

ABOUT YOU

The following information helps 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.

How would you describe your ethnic background? Please specify:

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 to say

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

What is your Faith/Religion? [Click or tap here to enter text.](#)

Where/how did you hear about Enfield Carers Centre? [Click or tap here to enter text.](#)

DATA AGREEMENT

I have been given the Enfield Carers Centre (ECC) privacy notice that explains, in detail how my data will be kept and used by ECC and what my legal rights about my data are. After reading this notice or having the main information read or explained to me in a way I understand, I agree to my data being used as described. I also agree that ECC can contact me by:

Phone: Text: email: Post:

Carer Signature / staff name:

Date:

Consented over the phone after hearing Summary of Privacy Notice [staff]:

PRIVACY NOTICE

I understand that ECC will obey data protection laws, and policies, and will not pass my information to any 3rd party, apart from Enfield Council, unless I directly agree for this to happen or if they believe someone may be in danger if they fail to do this.

In law, Enfield Carers Centre are the 'controllers' of the information ('personal data') which we collect about you. This means we are responsible for "processing" your data. The word 'processing' covers most things that can be done with personal data, including collection, use, keeping it safe, and destroying it.

If you would like more information about why and how we process your data, your legal rights about your data, including the right to see it and to object to the way it is processed please contact: *The DPO, Enfield Carers Centre, 137 -143 Baker Street, Enfield, EN1 3JL or email: info@enfieldcarers.org*

YOUR HEALTH

Health Triage Questions

We would like to ask you a few questions about your general health to make sure that we refer you to the correct service.

1. Do you suffer from any long term health conditions or illnesses such as (Diabetes, Dementia, MS, COPD, Cancer etc) No Yes If 'yes' please give details
2. Do you suffer from anxiety, low mood or depression or have any diagnosed Mental Illness?
3. Do you have any health goals that you would like us to help you to achieve? For example, lose weight, stop smoking or do more exercise.
4. Do you feel isolated and sometimes unable to see friends or family due to poor health and/ or your caring role?
5. Do you sometimes feel that you may need help to manage your own health needs?
6. Does your physical or mental health sometimes stop you from doing everyday tasks? Please explain:
7. Does your caring role sometimes have a negative impact on your life?
8. Has your caring role been affected by Covid, with either you or the person you care for having long term effects?

For official use only: Internal referrals (these are guidelines only)

Answered - Yes	Refer to	Notes
Q1	WBN; iCan	
Q2	WBN; IAPT; ECC counselling	
Q3	WBN; iCan; Carers Assessment	
Q4	Carers Assessment; iCan	
Q5	WBN; iCan	
Q6	Carers Assessment; WBN; iCan	
Q7	Carers Assessment	
Q8	WBM, Long Covid Service; iCan; Carers Assessment	

Please return your completed form to: **FREEPOST RSZX-KTHS-CYKX, Enfield Carers Centre, Britannia House, 137-143 Baker Street, Enfield, EN1 3JL** or **info@enfieldcarers.org**