|  |  |
| --- | --- |
| ***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.** |

|  |
| --- |
| **CARERDETAILS** |
| **Title**: Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  |
| **First Name(s):** Click or tap here to enter text. | **Last** **Name**: Click or tap here to enter text. |
| **Address**: Click or tap here to enter text. |
| Click or tap here to enter text. | **Post** **Code**: Click or tap to enter a date. |
| **Home** **Phone**: Click or tap here to enter text. | **Mobile** **Phone**: Click or tap to enter a date. |
| **Email** **Address**: Click or tap here to enter text. | **Date** **of** **Birth**: Select date |
| **What is your relationship to the person you care for**: Click or tap here to enter text. |
| **Employed**: Full Time [ ]  Part Time [ ]  Not Employed [ ]  Retired [ ]  |
| **Name of GP Surgery**: Click or tap here to enter text. |
| **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): Click or tap here to enter text. | **First Name**(s): Click or tap here to enter text. |
| **Last** **Name**: Click or tap here to enter text. | **Last** **Name**: Click or tap here to enter text. |
| **Address if not same as carer**: Click or tap here to enter text. | **Address if not same as carer**: Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Post Code**: Click or tap here to enter text. | **Post Code**: Click or tap here to enter text. |
| **Email Address**: Click or tap here to enter text. | **Email Address**: Click or tap here to enter text. |
| **Date of Birth**: Click or tap to enter a date. | **Date of Birth**: Click or tap to enter a date. |
| **Name of GP Surgery**: Click or tap here to enter text. | **Name of GP Surgery**: Click or tap here to enter text. |
| **Disability of Cared for 1** | **Disability of Cared for 2** |
| Visual impairment [ ]  Mental Illness [ ]  Physical Disability [ ]  | Hearing impairment [ ] Learning disability [ ]  Other [ ]   | Visual impairment[ ]  Mental Illness [ ]  Physical Disability [ ]  | Hearing impairment [ ] Learning disability [ ]  Other [ ]   |
| **Physical disability Type**: Click or tap here to enter text. | **Physical disability type**: Click or tap here to enter text.  |
| **Mental Illness Type**: Click or tap here to enter text.  | **Mental Illness Type**: Click or tap here to enter text. |
| **Other**: Click or tap here to enter text. | **Other**: Click or tap here to enter text. |
| **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) [ ]   | Emotional Support [ ] Financial Support [ ]  Practical Help, housework, appointments etc. [ ] Personal care (washing, dressing, toileting etc) [ ]  |
| **How many hours per week are you caring?** 0-5hrs [ ]  6-14hrs [ ]  15-35hrs [ ]  35hrs+ [ ]   | **How many hours per week are you caring?** 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: Click or tap here to enter text. 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 Click or tap here to enter text. |
| **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:** Click or tap here to enter text. |
| **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: Click or tap here to enter text.  |
| **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:** Click or tap here to enter text. **Date:** Click or tap to enter a 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 Click or tap here to enter text.
2. Do you suffer from anxiety, low mood or depression or have any diagnosed Mental Illness? Click or tap here to enter text.
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. Click or tap here to enter text.
4. Do you feel isolated and sometimes unable to see friends or family due to poor health and/ or your caring role? Click or tap here to enter text.
5. Do you sometimes feel that you may need help to manage your own health needs? Click or tap here to enter text.
6. Does your physical or mental health sometimes stop you from doing everyday tasks? Please explain: Click or tap here to enter text.
7. Does your caring role sometimes have a negative impact on your life? Click or tap here to enter text.
8. Has your caring role been affected by Covid, with either you or the person you care for having long term effects? Click or tap here to enter text.
 |

*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***