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| ***Carers Registration form*** ***(Please complete and sign overleaf)*** | | | | | |
| **Please complete all sections clearly for you and the person/s 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  Other | | | | | |
| **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 here to enter text. | | |
| **Home** **Phone**: Click or tap here to enter text. | | | **Mobile** **Phone**: 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. | |
| **Employed**: Full Time  Part Time  Not Employed  Retired | | | | | |
| **DETAILS OF CARED FOR 1** | | | **DETAILS OF CARED FOR 2** | | |
| **What is your relationship to the person you care for**: Click or tap here to enter text. | | | **What is your relationship to the person you care for**: Click or tap here to enter text. | | |
| **Title**: Mr  Mrs  Misss  Ms  Other | | | **Title**: Mr  Mrs  Miss  Ms  Other | | |
| **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. | | | **Address if not same as carer**: Click or tap. | | |
| 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 |
| **Type of physical disability**: Click or tap here to enter text. | | | **Type of physical disability**: Click or tap here to enter text. | | |
| **Type of mental illness**: Click or tap here to enter text. | | | **Type of mental illness**: Click or tap here to enter text. | | |
| **Please explain Other**: Click or tap here to enter text. | | | **Please explain 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 - if people aged 5 to 18 are involved with caring** | | | | | |
| 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 | | | | | |

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| --- | --- | --- | --- |
| **CARERS ASSESSMENTS – if your cared for is over 18 years old** | | | |
| **Would you like some information about having a Carers Assessment, which may help your caring role?**  Yes  No  Maybe, please contact me to discuss | | | |
| **Is there any specific support that would help you at the moment?** Click or tap here to enter text. | | | |
| **YOUR HEALTH** | | | |
| **Do you have any illness or disability that affects your life or makes your caring role more difficult?** 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. | | | |
| **Would you like some help and support to improve your own health and wellbeing?** Yes  No  **If ‘yes’ please give details**: Click or tap here to enter text. | | | |
| **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?** | | | |
| African  Asian  Asian British  Black British  Bulgarian | Caribbean  Greek/ Greek Cypriot  Mixed Race/ Multiple Heritage  Other European  Polish | | Romanian  Somali  Turkish/ Turkish Cypriot  White British  White Irish |
| **Other** **ethnic** **background**: 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:** Click or tap here to enter text. | | **Date**: Click or tap to enter a date. | |
| **Carer gives consent. over the phone to ECC staff member, after hearing Privacy Notice  (**read out statement below):  **Staff name:** Click or tap to enter a date. **Date:** Click or tap to enter a date. | | | |
| **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* | | | |