

OFFICE USE ONLY

Date received:

Welcome pack ☐Wellbeing ☐

Date registered:

iCan service ☐Carers Assessment ☐

SF number

Counselling ☐Scan ☐

Enfield Carers Centre

Empowering Carers

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.

CARER DETAILS

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First Name(s):

Last Name:

Address:

Post Code:

Home Phone:

Mobile Phone:

Email Address:

Date of Birth:

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:

What is your relationship to the person you care for:

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

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 ☐Visual impairment ☐ Hearing impairment ☐Mental Illness ☐ Learning disability ☐Mental Illness ☐ Learning disability ☐Physical Disability ☐ Other ☐Physical Disability ☐ Other ☐

Type of physical disability:

Type of physical disability:

Type of mental illness:

Type of mental illness:

Please explain Other:

Please explain Other:

Type of care are you are providing

Type of care are you are providing

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

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 <input type="checkbox"/> No <input type="checkbox"/> Maybe, please contact me to discuss <input type="checkbox"/>			
Is there any specific support that would help you at the moment?			
YOUR HEALTH			
Do you have any illness or disability that affects your life or makes your caring role more difficult? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>			
If 'Yes' please state the nature of your long-term illness, disability or condition:			
Would you like some help and support to improve your own health and wellbeing? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes' please give details:			
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 <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Romanian <input type="checkbox"/>	
Asian <input type="checkbox"/>	Greek/ Greek Cypriot <input type="checkbox"/>	Somali <input type="checkbox"/>	
Asian British <input type="checkbox"/>	Mixed Race/ Multiple Heritage <input type="checkbox"/>	Turkish/ Turkish Cypriot <input type="checkbox"/>	
Black British <input type="checkbox"/>	Other European <input type="checkbox"/>	White British <input type="checkbox"/>	
Bulgarian <input type="checkbox"/>	Polish <input type="checkbox"/>	White Irish <input type="checkbox"/>	
Other ethnic background:			
What is your Faith/Religion?:			
Where/how did you hear about Enfield Carers Centre?:			
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: <input type="checkbox"/>	Text: <input type="checkbox"/>	email: <input type="checkbox"/>	Post: <input type="checkbox"/>
Carer Signature:		Date:	
Carer gives consent. over the phone to ECC staff member, after hearing Privacy Notice (read out statement below): <input type="checkbox"/>			
Staff name:		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: <i>The DPO, Enfield Carers Centre , 137 -143 Baker Street, Enfield, EN1 3JL or email: info @enfieldcarers.org</i>			