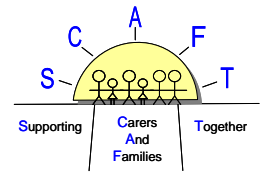


# ADULT CARERS REGISTRATION FORM



Please note that all information provided on this form will be kept strictly confidential and only used by SCAFT when necessary.

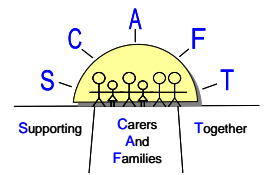
<b>I AM:</b>	<b>Title:</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (please indicate) .....			
<b>Forename:</b>			<b>Surname:</b>		
<b>Date of Birth:</b>			<b>Gender:</b>	<input type="checkbox"/> M <input type="checkbox"/> F	
<b>Address:</b> <i>please include postcode:</i>					
	<b>Home Tel No:</b>			<b>Mobile:</b>	
	<b>Email address:</b>				

<b>GP's details:</b> <i>please include GP's Name, Surgery, address and postcode and Telephone no:</i>					
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<b>Ethnic Origin:</b> <i>(Please tick appropriate box)</i>	<input type="checkbox"/> White British	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Asian - Indian	<input type="checkbox"/> Chinese
	<input type="checkbox"/> White European	<input type="checkbox"/> Black African	<input type="checkbox"/> Asian – Pakistani	<input type="checkbox"/> Other
	<input type="checkbox"/> White Other	<input type="checkbox"/> Black Other	<input type="checkbox"/> Asian – Bangladeshi	
	<input type="checkbox"/> White & Asian	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Asian - Other	.....
	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Any other mixed background (Please specify)	.....	

<b>Do you have any existing medical conditions? Please state...</b>		
<b>Are you taking any medication? If yes, please state...</b>		
<b>Do you consider you have a disability? If yes, please state...</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is your GP aware that you are a Carer?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you registered with Social Care?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you had an assessment of your needs by a Social Worker? If yes, who referred you?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you receiving any nursing or community support services?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

"All personal data/sensitive personal data are processed in accordance with the Data Protection Act 1998 – further details are available from The Secretary"



<b>Would you like further information regarding Benefits you may be entitled to?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Where did you hear about us?</b>	
<b>Type of service required/received?</b>	
<b>Emergency Contact Name and Telephone no:</b>	
<b>Additional Emergency Contact Name and Telephone no:</b>	

<b>I CARE FOR:</b>	<b>Title:</b> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (please indicate) .....
<b>Forename:</b>	<b>Surname:</b>
<b>Date of Birth:</b>	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>Address: please include postcode:</b>	
<b>Home Tel No:</b>	<b>Mobile:</b>

<b>GP's details:</b> <i>please include GP's Name, Surgery, address and postcode and Telephone no:</i>	
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<b>Ethnic Origin:</b> <i>(Please tick appropriate box)</i>	<input type="checkbox"/> White British	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Asian - Indian	<input type="checkbox"/> Chinese
	<input type="checkbox"/> White European	<input type="checkbox"/> Black African	<input type="checkbox"/> Asian – Pakistani	<input type="checkbox"/> Other
	<input type="checkbox"/> White Other	<input type="checkbox"/> Black Other	<input type="checkbox"/> Asian – Bangladeshi	
	<input type="checkbox"/> White & Asian	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Asian - Other	.....
	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Any other mixed background (Please specify)		.....

<b>Relationship to Cared for:</b>	<b>Nature of his/her condition/disability:</b>
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<b>Photo consent:</b> I *agree / *disagree that photographs taken of *me / *my Cared for, can be used in displays, newsletters, local press, and on the website . *Please delete where appropriate
Sign: ..... Date: .....