**Young Carer’s Registration Form**

Do you provide unpaid care and support to a family member, friend or neighbour who is ill, frail, disabled or has mental health or substance misuse problems? If so you are a Carer and we would like to support you. Please fill in this form and hand into reception.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | | | | | | | | | |
| DOB: | | Age: | | | | | | Sex: Male/Female | | | | |
| Home Telephone Number: | | | | | | | | | | | | |
| Can we contact you by email? | | | YES / NO | | Email address: | | | | | | | |
|  | | | | | | | | | | | | |
| How many hours per week are you caring? | | | | 1-10 hours | | |  | | 10-20 hours | | |  |
|  | | | | 20-30 hours | | |  | | 30+ hours | | |  |
|  | | | | Full/time -24/7 | | |  | |  | | |  |
| What School/College do you attend? | | | |  | | | | | | | | |
| Is the School/College aware you are a carer? | | | | Yes | | |  | | NO | | |  |
| Name of Parent/ Guardian:  Telephone Number of Parent/Guardian:  Email address of Parent/Guardian: | | | | | | | | | | | | |
| Who are you caring for: | | | | | | | | | | | | |
| Name | Nature of illness, disability, mental health, substance misuse | | | | | What GP surgery are the registered at? | | | | Relationship to you | | |
|  |  | | | | |  | | | |  | | |
|  |  | | | | |  | | | |  | | |
| **Please tick below as necessary, so that we can provide you with the best help and support.** | | | | | | | | | | | | |
| I have had a carer’s assessment by IMAGO (if so, what date did you have this done) | | | | | | | | | | |  | |
| I would like to be referred to IMAGO for information, advice and support | | | | | | | | | | |  | |
| I would like to receive more information about help and support from the carers lead at the Practice. | | | | | | | | | | |  | |
| Are you aware of your rights as a Young carer? | | | | | | | | | | |  | |

**Consent**

* I am a Young Carer and I consent for my details to be held by my surgery and for them to contact me about the patient named below.
* I am a Young carer and I would like my caring role to be recorded on the Practice Carers Register.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I am the Parent/Guardian for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I consent for their details to be held by the surgery and for their caring role to be recorded on the Practice Carer’s Register. (under 16’s only)

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I ­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ hereby consent for my carer to speak to the practice on my behalf. I am aware this will allow the carer to have full access to my medical records.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_