**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_