

CARER SELF-REGISTRATION FORM

Please register my details with Signpost Stockport for Carers to ensure that I will be informed about all appropriate services for me.

Your details:

Title: _____ **Forename:** _____ **Surname:** _____

Address: _____

_____ **Postcode:** _____

Contact Number: _____ **Email:** _____

Date of Birth: _____

Name & Address of GP Practice: _____

Are you registered as a carer with your GP? Yes No

Does the person you care for live with you? Yes No

Details of the person(s) you care for:

Who are you caring for? (Please enter details of **all** the people you care for)

1.Relationship to you:

Date of Birth:

Disability or illness (please indicate all that apply)

Dementia Sensory Loss Physical Disability Physical Illness Older/Frail
Mental Health Learning Disability Other (please specify)

2.Relationship to you:

Date of Birth:

Disability or illness (please indicate all that apply)

Dementia Sensory Loss Physical Disability Physical Illness Older/Frail
Mental Health Learning Disability Other (please specify)

Please use additional sheets if necessary to list all those you care for

Your caring role:

On average how many hours per week do you provide care?

Less than 10 10-19 20-29 30-39 40-49 50+

How long have you been a carer?

0-1 Yrs 1-2 Yrs 2-3Yrs 3-4Yrs 4-5 Yrs 5-10 Yrs 10 Yrs +

Is anybody else involved in caring for this person(s)?

No Parent Child Friend /Neighbour Relative Other

What type of care do you provide? Eg. Personal Care, Meal Preperation, Shopping

What effects does caring have on your daily Life? Eg. Ability to work, Emotional/Social life, Financial Pressures, Poor mental / Physical health

Do you have any wider responsibilities? Eg. Looking after children, going to work

Do you have a Carers Emergency Alert Card? Yes No

If no, would you like to register for one? Yes No

Would you like to receive a copy of our newsletter? Yes No

Would you like a member of the Carer Support Team to contact you?

Yes No

For monitoring purposes, please answer the following questions:

Do you consider yourself to have a disability? Yes No

What is your Ethnic Origin:

White British Asian British Black British Chinese Mixed Origin

Any other Asian Background Any other Black Background Other

How did you hear about Signpost Stockport for Carers?

CareLink Event GP Surgery Local hospital Professional worker

Word of Mouth SMBC PALS Stockport FLAG Used service before

Other organisation (please specify)

This information will be stored securely by Signpost Stockport and will only be shared with other agencies and organisations which may be of support to you, with your permission. Please tick the box if you consent for us to do this

Signed:

Date:

Please return this form to the address below:

Signpost Stockport for Carers

Carer Support Team

The Heaton Centre

Thornfield Road

Heaton Moor

Stockport SK4 3LD