Carer Card

Application Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Who is a Carer?**A Carer is anyone of any age who provides unpaid support to a family member, neighbour or friend who may not be able to manage without their support **What is the Carer Card?**The idea for a Carer Card came from carers in Harrow. The aim of the Carer Card is for carers to be recognised and supported in their caring capacity by the local community. Community organisations continue to work on the development of the Carer Card for Harrow.If you would like to apply for the Carer Card, please fill in this form and return to admin@harrowcarers.org or post to: Carer Card, 376-378 Pinner Road, North Harrow, HA2 6DZ

|  |
| --- |
| Carer Details |
| Title: |  | Forename(s): |  | Surname: |  |
| Title: |  | Forename(s): |  | Surname: |  |
| Address: |  |
| Contact No: |  | Mobile No: |  |
| Carer 1 Personal Information | Carer 2 Personal Information (if applicable) |
| Date of birth: |  | Date of birth |  |
| Gender: |  | Gender: |  |
| Ethnicity: |  | Ethnicity: |  |
| Religion: |  | Religion |  |
| GP surgery: |  | GP Surgery: |  |
| Email: |  |
| Where did you hear about the carer card: |  |

Please note your information will be held securely at Harrow Carers for administration of the carer card, should you wish to receive further carer information and regular updates, please tick relevant boxes below[ ]  if you wish to opt in to receive information and updates from Harrow Council’s Carer Lead[ ]  if you wish to opt in to receive information and updates about services and events from Harrow CarersDependants Details – The person/s being cared for

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |  | Forename(s): |  | Surname: |  |
| Title: |  | Forename(s): |  | Surname: |  |
| Address:(if different from above) |  |
| Postcode: |  | Date of birth: |  |
| Contact No: |  | Mobile No. |  |
| Medical condition: |  |
| Relationship to carer: |  |

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|  |
| --- |
| Emergency Contact Details (who would you like us to contact in an emergency) |

|  |
| --- |
| Emergency contact 1 |
| Name: |  | Telephone number: |  |
|  |
| Emergency contact 2 |
| Name: |  | Telephone number: |  |

Referred By

This section only needs to be completed where the application form is completed by a healthcare professional or where the carer is under eighteen years of age.

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| --- | --- | --- | --- |
|  |  |  |  |
| [ ]  *(If applicable)* I confirm that I have obtained consent from those named in this application to provide you with their information[ ]  *(if applicable)* I give parental permission for above named to provide you with their information

|  |  |
| --- | --- |
| Name: |  |
| Job title (if professional): |  |

Declaration

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

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