**Carer Registration Form & Services Required**

**Registering with Harrow Carers also entitles you to receive our Carer Card.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Carers Only** | | | | | | | | | | | | | | | | | | |
| **Title:** |  | | | **Forename(s):** | |  | | | | | **Surname** | | | | |  | | |
| **Address:** | |  | | | | | | | | | | | | | | | | |
| **Postcode:** | |  | | | | | | | **Date of Birth:** | | | |  | | | | | |
| **Main Tel. No:** | |  | | | | | | | **Mobile:** | | | |  | | | | | |
| **E-mail Address:** | |  | | | | | | | **Emergency Tel:** | | | |  | | | | | |
| **Ethnicity:** | |  | | | | | | | **Religion:** | | | |  | | | | | |
| **Gender:** | | ***Male*** | | |  | ***Female*** | | |  | | ***Non-binary*** | |  | ***Prefer not to say*** | | | |  |
| **Sexuality:** | | ***Heterosexual*** | | |  | ***LGBTQ*** | | |  | | ***Prefer not to say*** | | | | | | |  |
| **Do you have any Disabilities / illnesses** | | | ***Yes*** | |  | ***No*** | | |  | | ***Prefer not to say*** | | | | | | |  |
| ***Disability / illness details:*** | | | | | | | | | | | | | | | |
| **GP Surgery:** | |  | | | | | | | **Average Hours Caring: (per week)** | | | |  | | | | | |
| **How Did You Hear About Us:** | |  | | | | | | | | | | **My Caring role:** | | **Primary** | | | **Secondary** | |
| **Would you like to receive our quarterly newsletter and news bulletins** | | | | | | ***By post*** |  | | | ***By email*** | | | |  | ***Not required*** | | |  |
| **Would you like to sign up to our WhatsApp notification broadcast group** | | | | | | **Yes:  No:** | | | | | | | | | | | | |
| **Cared For/Dependent Only** | | | | | | | | | | | | | | | | | | |
| **Title:** |  | | | **Forename(s):** | |  | | | | | **Surname:** | | | | |  | | |
| **Address:**  **(if different)** | |  | | | | | | | | | | | | | | | | |
| **Postcode:** | |  | | | | **Telephone:** | |  | | | | | **Date of**  **Birth:** | | |  | | |
| **Gender:** | | *Male* | | |  | **Disability/illness:** | | | | | | | **Relationship to carer:** | | | | | |
| *Female* | | |  |
| *Non-binary* | | |  |
| *Prefer not to say* | | |  |
| **Carers**  **Signature:** | |  | | | | | | | **Today’s date:** | | | |  | | | | | |

**See page 2 for services required.**

**SERVICES REQUIRED**

|  |  |
| --- | --- |
| **Which Service would you be interested in?** | **Please indicate below** |
| Social Support groups/Community Hub/Outings, Events | If **Yes** – Please confirm which activity/s: |
| Activity/exercise groups e.g., Yoga, Pilates, Qigong, Zumba, Archery, Badminton | If **Yes** – Please confirm which activity/s: |
| Wellbeing courses: Mindfulness, Managing Stress & Anxiety, Sleep Management | If **Yes** – Please confirm which activity/s: |
| Counselling 1-1 | **Yes:  No:** |
| Information & Advice (including benefits: Attendance Allowance/Carers Allowance/DLA/PIP, Blue Badge) | **Yes:  No:** |
| Macmillan Cancer Carer Support - Signposting | **Yes:  No:** |
| Dementia Support Programme | **Yes:  No:** |
| Care home support – looking for or already have a family member or friend resident in a care home | **Yes:  No:** |
| Employment Support | **Yes:  No:** |
| Befriender Programme | **Yes:  No:** |
| Young Carers 5 to 16 and Young Adult Carers 16 to 25 | **Yes:  No:** |
| \*Homecare Services (please note charges apply for this service) | **Yes:  No:** |
| \*Homeshare (please note charges apply for this service) | **Yes:  No:** |

**Please tick the boxes below that best describes your experience of each over the last 2 weeks. We will ask you again how you are feeling via email on a quarterly basis. This helps us to see if our services have been beneficial for your wellbeing.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statements** | **None of the time** | **Rarely** | **Some of the time** | **Often** | **All of the time** |
| **I’ve been feeling optimistic about the future** | 1 | 2 | 3 | 4 | 5 |
| **I’ve been feeling useful** | 1 | 2 | 3 | 4 | 5 |
| **I’ve been feeling relaxed** | 1 | 2 | 3 | 4 | 5 |
| **I’ve been dealing with problems well** | 1 | 2 | 3 | 4 | 5 |
| **I’ve been thinking clearly** | 1 | 2 | 3 | 4 | 5 |
| **I’ve been feeling close to other people** | 1 | 2 | 3 | 4 | 5 |
| **I’ve been able to make up my own mind about things** | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\*In general, how would you say your physical health is? (please indicate)** | **Excellent** | **Good** | **Average** | **Poor** | **Very Poor** |

|  |  |  |
| --- | --- | --- |
| **Your rights to a carers assessment via the Local Authority** | Yes | No |
| Are you aware of your rights to an assessment as an unpaid carer / carried out by the local authority? Care Act 2014: [AHAdults@harrow.gov.uk](mailto:AHAdults@harrow.gov.uk) Telephone: [**020 8901 2680**](tel:02089012680). |  |  |
| Please confirm if you would like more information on Carers Assessments |  |  |

**Once this form is completed, please email to:** [**admin@harrowcarers.org**](mailto:admin@harrowcarers.org) **By registering with us & completing this form you consent to us keeping your details on our database. To view our Privacy Policy please visit our website:** [**https://harrowcarers.org/privacy-policy/**](https://harrowcarers.org/privacy-policy/) **Thank you for registering with Harrow Carers.**