**Carer Registration Form & Services Required**

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

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| **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 Telephone: **020 8901 2680**. |[ ] [ ]
| Please confirm if you would like more information on Carers Assessments |[ ] [ ]

**Once this form is completed, please email to:** **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.**