**Carer Registration Form**

**Thank you for registering with Harrow Carers. By registering with us you consent to us keeping your details on our database and contacting you about our services.**

**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:** | | |  | | | | | | | |
| **Marital Status:** | |  | | | | | | **Ethnic Group:** | | |  | | | | | | | |
| **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:*** | | | | | | | | | | | | | | | |
| **Religious Group:** | |  | | | | | | **Employment Status:** | | |  | | | | | | | |
| **GP Surgery:** | |  | | | | | | **Average Hours Caring: (per week)** | | |  | | | | | | | |
| **How Did You Hear About Us:** | |  | | | | | | | | | | | | | | | | |
| **Would you like to receive a news bulletin** | | | | | | ***By post*** |  | | ***By email*** | | | | |  | ***No bulletin***  ***required*** | | |  |
| **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* | | |  |

HARROW CARERS REGISTRATION FORM – AUGUST 2022