**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.**

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| --- |
| **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