

TORBAY CARERS' REGISTER APPLICATION FORM



Full Name
office use only

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This service is for Carers of people who live in Torbay. The information will be used to support you in an emergency and to help plan services for Carers. If the person you care for lives outside Torbay, or you have difficulty completing this form, please contact **Signposts for Carers on (01803) 666620 or signposts@nhs.net**

Part One - about you, the Carer

If the person you care for relies on another family member or friend, please complete a Part One for each person and attach together if possible.

Please enter your personal details below:

Title Mr/Mrs/Ms/Miss (please circle)

Family name/surname

Forename

Date of birth

Address

.....

.....

.....

Postcode

Daytime phone no

Evening no if different

Mobile no

Email address - please complete if you are happy to receive occasional e-mails (maximum 1 a month) from us (and no-one else). This helps us keep you informed.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Male Female (tick relevant box)

Your GP

GP's name

Practice/Surgery

For the following questions please tick boxes as appropriate:

1.1 How would you describe your ethnic or cultural origin?

- a) White (British, Irish, any other white background)
- b) Mixed (White and Black Caribbean, White and Black African, White and Asian, any other mixed background)
- c) Asian or Asian British (Indian, Pakistani, Bangladeshi, any other Asian background)
- d) Black or Black British (Caribbean, African, any other Asian background)
- e) Chinese
- f) Any other ethnic group

1.2 Do you care for someone:

- On your own
- With a partner*
- With family help*
- With someone else*

1.3 What is your current employment situation?

- Employed – full time
- Employed – part time
- Unemployed.
- Retired
- Unable to work (looking after someone)
- Unable to work (due to ill health)
- School or further education.

*** Should they join the Carers Register? If so, complete another Part One. Remember there is support for all ages of Carers, contact 01803 666620 to find out more.**

1.4 Which of the following best describe you?

Physically disabled

Mental health problems

Sensory/communication

(i.e. sight, speech, hearing difficulties)

Learning disability

Chronic sickness

In good health

Other (please specify)

How did you learn about the Carers' Register?

Mailings to Carer

Would you like to receive the quarterly Signposts newsletter? Yes No

Would you be interested in receiving further information about support to Carers? Yes No

To reduce costs, we send out Signposts electronically if you have an email address on page 1. Are you happy with this? Yes No

(ensure your email address is on page 1 if you want electronic information)

May we let your GP Practice, GP and Carers' Support Worker know that you are a carer? Yes No

I understand that the information I have given will be processed by computer under the terms of the Data Protection Act 1998. I understand that only anonymous statistical information will be supplied to authorised agencies. Any personal information will only be discussed with my consent.

Signed..... Date.....

CARERS' EMERGENCY CARD (Office Use Only)
Card No: Date Registered:

Part Two - about the person you care for

2. How many people do you care for?

Please complete a separate Part Two for each person you care for. Extra forms can be obtained from Signposts on 01803 666620

Person you care for: Mr/Mrs/Ms/Miss/Other (please state)

Forename Surname

2.2 How long have you been looking after the person you care for?

0-11 months

1-3 years

4-10 years

11-20 years

Over 20 years

2.3 Are you the cared for person's...

Parent*

Daughter/Son

Husband/Wife

Friend

Grandparent

Other relative

Neighbour

Live in partner

*If the person you care for is under 18, then consider them joining the DeCiDe Register. For more details contact the Children with Disabilities Team on 01803 206290.

2.4 On average, how many hours do you look after the person you care for in a week?

0-10

11-19

20-30

Over 31-49

Over 50

2.5 When do you provide this help?

Part of day

All day and occasionally at night

All day & night

2.6 Date of birth of the person you care for (if known).....

2.7 Does the person you care for live with you? Yes

No

If not please give their postcode

2.8 Is the person you care for

Male

Female

**2.9 What difficulties/disabilities does the person you care for have?
(tick boxes that apply)**

Physical disability

Visual loss

Hearing loss

Mental health.

Substance misuse (drug/alcohol).

Vulnerable person

Dementia/Alzheimers

Memory problems

Elderly frail.

Learning disability

Frailty/temporary illness

Terminal illness.

Acquired Brain Injury

Other.

(please give details)

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Please return the form in the prepaid envelope provided (no stamp needed)

**or to
FREEPOST TORBAY CARERS SERVICES
(writing nothing else on the envelope)**

Part Three - Emergency Card Application

This section includes the back-up plan for the person you care for if you have an emergency, a Safely Home application for eligible Carers, and access to Carers Discounts.

Tick this box if you only want a discount card, but be aware that we will cross reference with your GP as per page 1.

If you care for more than one person, please complete a separate Part Three for each person you care for and attach them together. Extra forms can be obtained from Signposts 01803 666620, signposts@nhs.net

3a: Personal details of person cared for (from page 4)

Date of birth

Tick if address same as Carer (page 1)

Address (if different)

..... Postcode.....

Daytime phone no

Evening no (if different)

Mobile no

Ethnic Group White Black/Black British

 Mixed Chinese

 Asian or Asian British Any other ethnic group

GP of person cared for

GP's name

Practice/Surgery

Do they have a 'Message in a Bottle' pot? Yes No

If not, please contact Signposts on (01803) 666620, signposts@nhs.net

Do you want a Carers' Register car sticker? Yes No

Safely Home Bracelet Authorisation (age 11 + only). Children with Disability Team authorise children, Carers Support Workers / Adult Health & Social Care for adults. Sign & print name

Contact number What is wrist size in cm?

3b: What to do if the Carer is involved in an emergency

tick all which apply

- Contact the person I care for, as they can organise alternative support
- Contact the people on page 9, they can organise alternative support.
Complete section 3c below in case unable to contact them.
- Contact Health and Social Care Teams, as additional support will need to be organised. Complete section 3c below.
- Other (Please specify)

Brief health/disability information about person cared for

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3c: What support will be needed in an emergency

	Day	Night
Meal preparation	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>
Washing and getting dressed	<input type="checkbox"/>	<input type="checkbox"/>

Other needs (please give details)

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Do they take medication? Yes No

Do they need support to take medication? Yes No

If so, what help?

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Do they have any particular dietary needs or allergies? Yes No

Please give details

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Do they have any particular communication needs or behaviour difficulties?

Yes No

Please give details
.....
.....

Please list any likes, dislikes, fears or sensitivities, including services not wanted

.....
.....
.....

How do they like to be addressed?

What additional support would be required? (including important routines and any services they already receive)

.....
.....

How long can the cared for manage without someone to help them?

Less than 2 hrs 2-4 hrs 4-6hrs 6-12 hrs

Are there others living with the cared for? Yes No

Can they help? Yes No

3d: Additional information

Does the person you care for have a personal alarm? Yes No

Alarm supplier

Is the person you care for left in car on occasions Yes No

If yes -

Car make and model

Car registration no

Car colour.

Who can offer assistance or advice if the main carer is involved in an emergency?

Contact 1

Friend/neighbour/relative
(circle as appropriate)

Do they have a key? Yes No

Name

Address

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Postcode

Tel no (daytime)

Tel no (evening).

Tel no (weekends)

Mobile:

Contact 2

Friend/neighbour/relative
(circle as appropriate)

Do they have a key? Yes No

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Contact 3

Friend/neighbour/relative
(circle as appropriate)

Do they have a key? Yes No

Name

Address

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Postcode

Tel no (daytime)

Tel no (evening).

Tel no (weekends)

Mobile:

Contact 4

Friend/neighbour/relative
(circle as appropriate)

Do they have a key? Yes No

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Please ensure you let us know any change in contact details

Consent to share this information

I understand that the information I have given will be processed by computer under the terms of the Data Protection Act 1998. I agree that the information in this form can be shared with Torbay and South Devon NHS Foundation Trust, Devon Partnership Trust, Torbay Council, and Emergency Services in order to support the person I care for in an emergency.

Signed..... Date.....

Please return the form in the prepaid envelope provided (no stamp needed)

**or to
FREEPOST TORBAY CARERS SERVICES
(writing nothing else on the envelope)**

This document can be made available in other formats and languages. For more information please contact 01803 666620