Torbay and South Devon NHS
NHS Foundation Trust

# TORBAY
# CARERS' REGISTER

## APPLICATION FORM




office use only

| Full Name | |
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| Reg | |
| SH | |

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 66 66 20 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: …… NHS No: ☐☐☐☐☐☐☐☐☐☐

*(NHS No. can be found on NHS App, GP Online Service or Prescription Slip)*

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.

☐☐☐☐☐☐☐☐☐☐

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 66 66 20 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 ☐

Please now complete **Part Two** – about the person you care for (one form to completed per Cared For) and **Part Three** – Emergency Card Application if you require a back up plan for the person you care for, and the Consent Form before returning to the Carers Registration Team.

**IMPORTANT NOTE:** The Consent Form on pages 10 and 11 **MUST** be fully completed and signed. We are unfortunately unable to process the application without this.

# Part Two - about the person you care for

**2.1 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 66 66 20

**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 with a disability, then consider them joining the DeCiDe Register. For more details, contact the Children with Disabilities Team on 0800 328 5974.

**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 ☐ 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 ☐ Other ☐

**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): .....

.....

.....

.....

.....

# 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 (see below), and access to Carers Discounts.

☐ Tick this box if you only want a discount card but do be aware that we will cross reference.

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 66 66 20 or 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**

Practice/Surgery: .....

Do they have a 'Message in a Bottle' Pot? Yes ☐ No ☐

If not, please contact Signposts on 01803 66 66 20, signposts@nhs.net.

## 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: .....

.....

.....

## 3c: What support will be needed in an emergency

| | Day | Night |
|---|---|---|
| Meal preparation | ☐ | ☐ |
| Toileting | ☐ | ☐ |
| Washing and getting dressed | ☐ | ☐ |

Other needs (please give details): .....

.....

Do they take medication? Yes ☐ No ☐

Do they need support to take medication? Yes ☐ No ☐

If so, what help? .....

.....

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

Please give details: .....

.....

.....

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 provide help or advice if the main Carer is involved in an emergency? Please advise us of either 1, 2, 3 or max 4 contacts.

**CONTACT 1** *(please circle)*: Care Provider / Friend / Neighbour / Relative

Do they have a key? Yes □ Key safe number? Yes □

Name / Name of agency: .....

Address: .....

..... Postcode: .....

Preferred phone no: .....

Alternative number: .....

**CONTACT 2** *(please circle)*: Care Provider / Friend / Neighbour / Relative

Do they have a key? Yes □ Key safe number? Yes □

Name / Name of agency: .....

Address: .....

..... Postcode: .....

Preferred phone no: .....

Alternative number: .....

**CONTACT 3** *(please circle)*: Care Provider / Friend / Neighbour / Relative

Do they have a key? Yes □ Key safe number? Yes □

Name / Name of agency: .....

Address: .....

..... Postcode: .....

Preferred phone no: .....

Alternative number: .....

**CONTACT 4** *(please circle)*: Care Provider / Friend / Neighbour / Relative

Do they have a key? Yes □ Key safe number? Yes □

Name / Name of agency: .....

Address: .....

..... Postcode: .....

Preferred phone no: .....

Alternative number: .....

Please ensure you let us know any change in contact details.

**Veterans**

The NHS is committed to improving its support to veterans. Please tell us whether you are a Veteran or are caring for a veteran.

☐ I am a Veteran and a Carer

☐ I am a Carer who is caring for someone who is a veteran.

# Part Four – Sharing Information (Privacy Notice)

The information you provide enables Torbay Carers' Service to understand your caring role, register you for support and help plan services for local Carers.

*The lawful basis for holding and processing your information is the delivery of Health and Social Care statutory duties and public tasks in supporting Carers*.

As GP practices, Hospitals and Social Care have legal duties for Carers, we will share some information with your GP practice, Torbay and South Devon NHS Foundation Trust (TSDFT) and Torbay Council's Adult Social Care. (We are currently working with TSDFTs technical team to enable sharing your status as a Carer with the Trust).

This information may include basic personal details such as your name, date of birth, contact information and status as a Carer, together with information necessary for them to meet their duties. For example, if you complete the Emergency Back-up Plan, we will share that plan with the Health and Social Care agencies necessary to activate the plan if you have an emergency.

Access to your information is restricted through appropriate safeguards. It will only be accessible to relevant authorised staff as part of their professional responsibilities.

Whilst we see this as a positive step to ensure you get the support you need, you have the right to object to our use of your information in this way. If you wish to object, you can contact Information Governance, Belmont Court, Torbay Hospital, Torquay, TQ2 7AA or 01803 654868 or tsdft.dataprotection@nhs.net

If you have any other queries, you can do so by writing to us at 'Freepost Torbay Carers Services' (nothing else on the envelope) or by telephoning Katy Heard Carers' Lead on 07747847569. We will consider your objection, and if we are able to comply with your wishes, we will explain how this could impact on our ability to provide you with that care.

Please do sign overleaf to say that you understand the information above.

| CARER | |
|---|---|
| **Carer Signature:** | |
| **PRINT NAME:** | |
| **Date:** | |

This document can be made available in other formats and languages.

For more information, please contact Torbay Carers
**Phone:** 01803 66 66 20 or **Email:** signposts@nhs.net

Please return the fully completed form in the prepaid envelope provided (no stamp needed) or to **FREEPOST TORBAY CARERS SERVICE** *(writing nothing else on the envelope)*.