

In accordance with the General Data Protection Regulation 2018 (GDPR) the information that you provide on this registration form will be entered into a secure, password protected database and the paper copy will be held in a locked filing cabinet. We collect and process information about you in order for us to be able to support your needs as a carer, for example by helping you with forms or referring you to another organisation for advice. Please ask for our Privacy Statement for more information about how we collect and process data.

Please tick which of the following publications you would like to receive:

**Please tick all that apply:**

- Monthly e-bulletin (*What's New for Carers*) available by email only
- Quarterly newsletter (*Carers News*) by email  by post  by post and email
- Other important updates and events for carers available by email only
- Information pack for carers

**Consent - please sign below**

I am a carer and I give consent for the Carers Information Service to collect and process my information, in accordance with the General Data Protection Regulation 2018 (GDPR) and the Carers Information Service Privacy Statement.

First name*	Last name*
Signature	Date*

**Third Party Consent**

I have the consent of the carer to complete this form on their behalf.

First name*	Last name*
Signature	Date*

Please complete this form in **BLOCK CAPITALS**. Fields indicated \* are mandatory, all others are optional.

YOUR DETAILS		
Title	First name*	Last name*
Address*		Postcode*
Tel: Home		Tel: Work
Tel: Mobile		
Email Address		
Gender	Date of Birth* ___ / ___ / _____	First Language*
Name of doctor's surgery*	Disability or health concerns	

RELATIONSHIP TO PERSON YOU CARE FOR*			
My husband/wife/partner <input type="checkbox"/>	My parent <input type="checkbox"/>	My sibling <input type="checkbox"/>	My child under 18 <input type="checkbox"/>
My child over 18 <input type="checkbox"/>	My brother or sister <input type="checkbox"/>	Another family member <input type="checkbox"/>	My friend <input type="checkbox"/>
How long have you been a carer?			
How many hours per week do you spend as a carer?			

ETHNICITY (PLEASE TICK)			
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Black British	<input type="checkbox"/> Mixed White/Black Caribbean	<input type="checkbox"/> White British <input type="checkbox"/> Arab
<input type="checkbox"/> Asian Pakistani	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Mixed White/Black African	<input type="checkbox"/> White Irish
<input type="checkbox"/> Asian Bangladeshi	<input type="checkbox"/> Black African	<input type="checkbox"/> Mixed White/Asian	<input type="checkbox"/> White Gypsy/Traveller
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Black	<input type="checkbox"/> Other Mixed	<input type="checkbox"/> Other White
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other (please state)	<input type="checkbox"/> No wish to reply	

DETAILS OF PERSON YOU CARE FOR	
Title	First name*
Last name*	Date of Birth* ___ / ___ / _____

DISABILITY OR HEALTH CONCERNS (PLEASE TICK)			
<input type="checkbox"/> autistic spectrum disorder	<input type="checkbox"/> Alzheimer's / dementia	<input type="checkbox"/> blind/visual impairment	<input type="checkbox"/> cancer
<input type="checkbox"/> deaf/hearing impairment	<input type="checkbox"/> dual sensory impairment	<input type="checkbox"/> elderly/frail	<input type="checkbox"/> epilepsy
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> learning disability	<input type="checkbox"/> long-term health condition	<input type="checkbox"/> palliative care
<input type="checkbox"/> mental health problem	<input type="checkbox"/> MS	<input type="checkbox"/> Parkinson's disease	<input type="checkbox"/> physical disability
<input type="checkbox"/> stroke	<input type="checkbox"/> substance addiction	<input type="checkbox"/> wheelchair user	
<input type="checkbox"/> other (give details)			

ETHNICITY (PLEASE TICK)			
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Black British	<input type="checkbox"/> Mixed White/Black Caribbean	<input type="checkbox"/> White British <input type="checkbox"/> Arab
<input type="checkbox"/> Asian Pakistani	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Mixed White/Black African	<input type="checkbox"/> White Irish
<input type="checkbox"/> Asian Bangladeshi	<input type="checkbox"/> Black African	<input type="checkbox"/> Mixed White/Asian	<input type="checkbox"/> White Gypsy/Traveller
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Black	<input type="checkbox"/> Other Mixed	<input type="checkbox"/> Other White
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other (please state)	<input type="checkbox"/> No wish to reply	

IF YOU CARE FOR MORE THAN ONE PERSON PLEASE GIVE FURTHER DETAILS BELOW

HOW DID YOU HEAR ABOUT THE CARERS INFORMATION SERVICE/CARERS SUPPORT CENTRE?					
Passerby <input type="checkbox"/>	Word of mouth <input type="checkbox"/>	Internet search engine <input type="checkbox"/>			
Health Professional (please state) <input type="checkbox"/>					
Social Care Professional (please state) <input type="checkbox"/>					
Voluntary/Community Organisation (please state) <input type="checkbox"/>					
Carers Information Service/Carers Support Centre Publicity (please specify):					
Poster <input type="checkbox"/>	Leaflet <input type="checkbox"/>	Website <input type="checkbox"/>	Newsletter <input type="checkbox"/>	E-bulletin <input type="checkbox"/>	Social media <input type="checkbox"/>
Don't know <input type="checkbox"/>			Other (please state) <input type="checkbox"/>		

Carers Information Service, Carers Support Centre, 24 George Street, Croydon CR0 1PB

020 8649 9339 (option 1)  
informingcarers

info@carersinfo.org.uk  
@informingcarers

carersinfo.org.uk

john whitgift foundation

CROYDON | Delivering for Croydon  
www.croydon.gov.uk

To submit this form, save a copy to your computer then email to enquiries@carersinfo.org.uk