

Please complete this form in **BLOCK CAPITALS** and indicate which of the following free services you are interested in:

- Membership of the Carers Support Centre
- A carers information pack
- Subscription to *Carers News* (regular newsletter) by email by post
- Subscription to *What's New for Carers?* (monthly e-bulletin)
(please ensure the email address is written below)

The form can be returned to us by email at info@carersinfo.org.uk, dropped in to the Carers Support Centre, or posted to Freepost RTES-KBCU-SJGH, Carers' Information Service, 24 George Street, CROYDON CR0 1PB. No stamp required.

CARERS' DETAILS			
Title		First name	Last name
Address		Electoral ward	
Postcode			
Tel: Home			
Tel: Work			
Tel: Mobile			
Email			
Gender male <input type="checkbox"/> female <input type="checkbox"/> transgender <input type="checkbox"/>		Date of Birth ___ / ___ / ____	Age range Under 18 <input type="checkbox"/> 18-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75+ <input type="checkbox"/>
Status in addition to caring role working <input type="checkbox"/> in education <input type="checkbox"/> training <input type="checkbox"/> homemaker <input type="checkbox"/> retired <input type="checkbox"/> unemployed <input type="checkbox"/> other (give details below) <input type="checkbox"/>			
Name of doctor's surgery		Disability or health issues (if applicable)	
Ethnicity White: White British <input type="checkbox"/> White Irish <input type="checkbox"/> Other White Background <input type="checkbox"/> Black: Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Other Black Background <input type="checkbox"/> Asian: Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian <input type="checkbox"/> Mixed: White & Black <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other Mixed Group <input type="checkbox"/> Other Ethnic Group: Arab <input type="checkbox"/> Chinese <input type="checkbox"/> Gypsy/Traveller <input type="checkbox"/> Other: (give details below) <input type="checkbox"/> No wish to reply <input type="checkbox"/>			
Religion Buddhist <input type="checkbox"/> Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> No wish to reply <input type="checkbox"/>			
First language		Other languages spoken	

CARED FOR PERSON'S DETAILS

Title	First name	Last name
Age range Under 18 <input type="checkbox"/> 18-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75+ <input type="checkbox"/>	Date of Birth ____ / ____ / _____	Gender male <input type="checkbox"/> female <input type="checkbox"/> transgender <input type="checkbox"/>
Disability or illness (tick all that apply)		
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"/>	elderly/frail <input type="checkbox"/>	epilepsy <input type="checkbox"/> HIV/AIDS <input type="checkbox"/>
learning disability <input type="checkbox"/>	health condition <input type="checkbox"/>	mental health problem <input type="checkbox"/> multiple sclerosis <input type="checkbox"/>
Parkinson's disease <input type="checkbox"/>	physical disability <input type="checkbox"/>	stroke <input type="checkbox"/> substance addiction (drug or alcohol problem) <input type="checkbox"/>
terminal illness <input type="checkbox"/>	wheelchair user <input type="checkbox"/>	other (give details below) <input type="checkbox"/>
Status working <input type="checkbox"/> in education <input type="checkbox"/> training <input type="checkbox"/> homemaker <input type="checkbox"/> retired <input type="checkbox"/> unemployed <input type="checkbox"/> other (give details below) <input type="checkbox"/>		
Relationship to carer husband/wife/partner <input type="checkbox"/> parent <input type="checkbox"/> child under 18 <input type="checkbox"/> friend <input type="checkbox"/> child 18 and over <input type="checkbox"/> brother or sister <input type="checkbox"/> other family member <input type="checkbox"/>		
Ethnicity		
White:	White British <input type="checkbox"/>	White Irish <input type="checkbox"/> Other White Background <input type="checkbox"/>
Black:	Black African <input type="checkbox"/>	Black Caribbean <input type="checkbox"/> Other Black Background <input type="checkbox"/>
Asian:	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian <input type="checkbox"/>
Mixed:	White & Black <input type="checkbox"/>	White & Black <input type="checkbox"/> White & Asian <input type="checkbox"/> Other Mixed <input type="checkbox"/>
	Caribbean <input type="checkbox"/>	African <input type="checkbox"/> Group
Other Ethnic Group:	Arab <input type="checkbox"/>	Chinese <input type="checkbox"/> Gypsy/Traveller <input type="checkbox"/>
Other:	(give details below) <input type="checkbox"/>	No wish to reply <input type="checkbox"/>
Caring for more than one person (give details below) <input type="checkbox"/>		
CARERS' CONSENT PLEASE SIGN BELOW		
I am a carer and I give consent for the Carers' Information Service to use my details for the purposes of receiving mailings (by post or email as indicated overleaf) and services. I understand the information given will be treated in accordance with the Data Protection Act 1998. The Whitgift Foundation is registered with the Information Commissioners Office.		
First name Last name Signature Date		
THIRD PARTY CONSENT PLEASE SIGN BELOW		
I have the consent of the carer to complete this form on their behalf		
First name Last name Signature Date		
CSC membership number		