

Please give details of the information, advice and support that your client requires

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"/>		Age range under 18 <input type="checkbox"/> 18-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75+ <input type="checkbox"/>		Date of Birth ____ / ____ / ____	
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 Caribbean <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		
Any other relevant information					

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"/>
deaf/hearing impairment <input type="checkbox"/>	elderly/frail <input type="checkbox"/>	epilepsy <input type="checkbox"/>
learning disability <input type="checkbox"/>	health condition <input type="checkbox"/>	mental health problem <input type="checkbox"/>
Parkinson's disease <input type="checkbox"/>	physical disability <input type="checkbox"/>	stroke <input type="checkbox"/>
terminal illness <input type="checkbox"/>	wheelchair user <input type="checkbox"/>	other (give details below) <input type="checkbox"/>
cancer <input type="checkbox"/>		
HIV/AIDS <input type="checkbox"/>		
multiple sclerosis <input type="checkbox"/>		
substance addiction (drug or alcohol problem) <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"/>
child 18 and over <input type="checkbox"/>	brother or sister <input type="checkbox"/>	other family member <input type="checkbox"/>
friend <input type="checkbox"/>		
Ethnicity		
White:	White British <input type="checkbox"/>	White Irish <input type="checkbox"/>
Black:	Black African <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>
Asian:	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>
Mixed:	White & Black <input type="checkbox"/>	White & Black <input type="checkbox"/>
Other Ethnic Group:	Arab <input type="checkbox"/>	Chinese <input type="checkbox"/>
Other:	(give details below) <input type="checkbox"/>	No wish to reply <input type="checkbox"/>
		Gypsy/Traveller <input type="checkbox"/>
		Other White Background <input type="checkbox"/>
		Other Black Background <input type="checkbox"/>
		Bangladeshi <input type="checkbox"/>
		Other Asian <input type="checkbox"/>
		White & Asian <input type="checkbox"/>
		Other Mixed <input type="checkbox"/>
		Group
Caring for more than one person (give details below) <input type="checkbox"/>		

ADMIN DETAILS

Enquiry method			
CIS website <input type="checkbox"/>	CSC visit <input type="checkbox"/>	meeting <input type="checkbox"/>	email <input type="checkbox"/>
outreach <input type="checkbox"/>	post <input type="checkbox"/>	talk <input type="checkbox"/>	telephone <input type="checkbox"/>
			event <input type="checkbox"/>
			third party <input type="checkbox"/>
			facebook <input type="checkbox"/>
			twitter <input type="checkbox"/>
Action taken			
enquiry dealt with <input type="checkbox"/>	referred to another member of staff <input type="checkbox"/>	information given <input type="checkbox"/>	information pack sent <input type="checkbox"/>
added to database <input type="checkbox"/>	database amended <input type="checkbox"/>	case notes completed <input type="checkbox"/>	added to newsletter list <input type="checkbox"/>
added to e-bulletin list <input type="checkbox"/>	logged <input type="checkbox"/>	referred to another organisation <input type="checkbox"/>	
Consent (tick to confirm)			
newsletter (<i>Carers News</i>)	by email <input type="checkbox"/>	by post <input type="checkbox"/>	already getting <input type="checkbox"/>
e-bulletin (<i>What's New for Carers?</i>)	<input type="checkbox"/>	email only <input type="checkbox"/>	already getting <input type="checkbox"/>
referral to other services/organisations	<input type="checkbox"/>		not given <input type="checkbox"/>
			not given <input type="checkbox"/>
How did they hear about the Carers' Information Service?			