



## PROFESSIONAL'S DETAILS

Date			
Title	First name	Last name	
Job Title			
Organisation Name			
Address		Postcode	
Tel: Work			
Tel: Mobile			
Email			

## THIRD PARTY CONSENT PLEASE SIGN BELOW

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

First name ..... Last name .....

Signature ..... Date .....

## 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 .....

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

# CARERS' DETAILS

<b>Title</b>		<b>First name</b>		<b>Last name</b>	
<b>Address</b>				<b>Electoral ward</b>	
<b>Postcode</b>					
<b>Tel: Home</b>					
<b>Tel: Work</b>					
<b>Tel: Mobile</b>					
<b>Email</b>					
<b>Gender</b> male <input type="checkbox"/> female <input type="checkbox"/> transgender <input type="checkbox"/>		<b>Age range</b> under 18 <input type="checkbox"/> 18-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75+ <input type="checkbox"/>		<b>Date of Birth</b> ____ / ____ / ____	
<b>Status in addition to caring role</b> 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"/>					
<b>Name of doctor's surgery</b>			<b>Disability or health issues (if applicable)</b>		
<b>Ethnicity</b>					
<b>White:</b>	White British <input type="checkbox"/>	White Irish <input type="checkbox"/>	Other White Background <input type="checkbox"/>		
<b>Black:</b>	Black African <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Other Black Background <input type="checkbox"/>		
<b>Asian:</b>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Asian <input type="checkbox"/>	
<b>Mixed:</b>	White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Other Mixed Group <input type="checkbox"/>	
<b>Other Ethnic Group:</b>	Arab <input type="checkbox"/>	Chinese <input type="checkbox"/>	Gypsy/Traveller <input type="checkbox"/>		
<b>Other:</b>	(give details below) <input type="checkbox"/>	No wish to reply <input type="checkbox"/>			
<b>Religion</b>					
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"/>	
<b>First language</b>			<b>Other languages spoken</b>		
<b>Any other relevant information</b>					

## CARED FOR PERSON'S DETAILS

<b>Title</b>	<b>First name</b>	<b>Last name</b>
<b>Age range</b> Under 18 <input type="checkbox"/> 18-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75+ <input type="checkbox"/>	<b>Date of Birth</b> ___ / ___ / _____	<b>Gender</b> male <input type="checkbox"/> female <input type="checkbox"/> transgender <input type="checkbox"/>
<b>Disability or illness</b> (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"/>		
<b>Status</b>		
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"/>		
<b>Relationship to carer</b>		
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"/>		
<b>Ethnicity</b>		
<b>White:</b>	White British <input type="checkbox"/>	White Irish <input type="checkbox"/>
<b>Black:</b>	Black African <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>
<b>Asian:</b>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>
<b>Mixed:</b>	White & Black <input type="checkbox"/>	White & Black <input type="checkbox"/>
<b>Other Ethnic Group:</b>	Arab <input type="checkbox"/>	Chinese <input type="checkbox"/>
<b>Other:</b>	(give details below) <input type="checkbox"/>	No wish to reply <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		
Gypsy/Traveller <input type="checkbox"/>		
Caring for more than one person (give details below) <input type="checkbox"/>		

## ADMIN DETAILS

<b>Enquiry method</b>			
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"/>		facebook <input type="checkbox"/>	twitter <input type="checkbox"/>
third party <input type="checkbox"/>		training <input type="checkbox"/>	
<b>Action taken</b>			
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"/>	
<b>Consent (tick to confirm)</b>			
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"/>
How did they hear about the Carers' Information Service?			