

Carer Registration/ Consent/ Referral with your GP Surgery – Explanatory Note

Are you a Carer?

Do you look after a relative, friend or neighbour who is ill, frail, disabled, has a mental health concern or problematic substance use and who could not manage without your help? If so, then you are a Carer and there are a number of ways you can get help and support. The first step is to take a few moments to read this note and complete the form on the reverse of this sheet.

Why you should complete the Carer Registration Form

Your Surgery is part of the Investors in Carers (IiC) scheme aimed at making sure Carers receive recognition of their caring role and information on the support available to them. You should have been given a copy of the Investors in Carers leaflet along with this registration form. The leaflet provides more detail on the benefits of registering as a Carer.

By completing **Section A** of the form, the Surgery will record you as a Carer on your Patient Record. It is also helpful to know who you are caring for and, provided the person is in agreement, they should also complete a separate '**Cared For**' consent form. The Surgery will have a copy of this form.

Section B refers to the support that is available to Carers.

These are:

- **Carmarthenshire Carers Information Pack** – containing information on a range of topics that will help you with your caring role including practical help, benefits and legal matters. There are contact details for other organisations that may be able to offer support to you and/or the person(s) you care for.
- **Carmarthenshire Carers News** – the Carmarthenshire Carers News is a free quarterly newsletter through which we pass on information to carers on services, details of events and issues that may concern them and the person(s) they care for. Your details will be held on a confidential database held by the Carers Information Service and will not be shared with third parties.
- **Appointment with Carers Outreach Worker** – our team of Carers Outreach Workers provide information and support to carers to enable them to better manage the impact of their caring role and to help them access other support services. The appointment can be arranged at your home or at another convenient location.
- **Carer Demonstration Programme** – a referral made to one of the Carer Demonstrators based with Carers Trust Crossroads Sir Gâr, who will contact you directly to discuss your individual requirements.

For further information about any of the above, please contact the Carers Information Service on 0300 0200 002 or email info@carmarthenshirecarers.org.uk.

Please note: To request a Carers Needs Assessment, please contact Careline on 01267 224466.

What happens when you hand the completed form back to a member of Surgery staff?

Once a member of staff from the surgery has checked that you have completed **Sections A and/or B**, you will be asked to sign the bottom of the form. The member of staff will also sign the form.

The Surgery will then add your Carer details to its database so that all staff know that you are a Carer and should receive appropriate advice and support.

If you have indicated that you wish to receive further information about Carers Information Pack, newsletter and/or Carers Outreach Appointment your details will be passed on as appropriate. Once entered on the relevant database the personal information provided will only be used for the purposes detailed above.

Name of Surgery: LLWYNHENDY HEALTH CENTRE

**CARERS REGISTRATION
/CONSENT/ REFERRAL FORM**



Investors in Carers - Carmarthenshire

Please read the Explanatory Note on the other side of this form before completing Sections A and/or B. If you need help filling in this form a member of Surgery staff will be happy to assist. A

Welsh language version and a large print version are available on request.

Section A – Informing your Surgery that you are a Carer

Your Details:

Name:	M/F
Address:	
Post Code	D.o.B.
Telephone:	
Mobile:	
E-mail:	

Details of the person(s) you care for:

Name:	
Address:	
Post Code:	D.o.B.
Relationship to you:	
How long have you been their carer?	
Brief details of their disability or illness:	

Section B – Receiving further information – please see reverse of this form for more details

Would you like to receive copy of the Carmarthenshire Carers Information Pack?	Yes	Would you like to be added to our confidential mailing list to receive our quarterly newsletter, Carmarthenshire Carers News?	Yes
	No		No

Would you like to arrange an appointment with a Carers Outreach Worker from the Carers Information Service (this allows us to go through the information you may need and look at the support you may need to help you to care for someone)?	Yes	Would you like to have a Demonstration (shown <i>safer practices for daily living</i>) for the person you care for (please see information leaflet).	
	No	Yes	No

Signed:(Carer) **Date:**

(Please note that by signing this form you agree to having your 'Carer' details added to your Surgery Patient Record and passed to the relevant Groups in **Section B** if you have said 'Yes' to any box.)

Name & Signature: **(Member of Surgery Staff)** **Date:**

Message for member of Surgery Staff: Once Sections A & B have been completed and signed please send to: Carers Information Service, The Palms Unit 3, 96 Queen Victoria Rd, Llanelli, Carmarthenshire SA15 2TH. If you have any questions about this form, please contact the Carers Information Service on 0300 0200 002.

