



REGISTRATION FORM

Please complete this form and return it to Carers Northumberland using the address overleaf (no stamp required). Call **0844 800 7354** for help completing your registration form.

About you

Title : Mr/Mrs/Miss/Ms (please circle)

Other (please specify)

Forename

Surname

Date of birth

Are you a:

Carer Former carer Young Carer

If you are a former carer, when did your caring role end?

Your Address

.....

Post code

Tel no

Mobile no

e-mail

(we will email you information unless you tell us otherwise)

Economic status

- working full time working part time
- unemployed retired
- student self employed

Other

How many hours a week do you spend caring?

- 0-20 20-35 35-60 60+

Have you had a carers assessment?

- Yes No

Has your health been affected by your caring role?

- Yes No
- Physical health Mental health

Details

Your GP Surgery.....

Please indicate your ethnic origin

White

- British Irish Other White

Mixed

- White and Black Caribbean
- White Asian
- White and Black African Other Mixed

Asian/Asian British

- Indian Pakistan Bangladeshi
- Other Asian

Black/Black British

- Caribbean African Other Black

Other

- Chinese Any Other

I agree to my details being held on the Carers Northumberland database and understand that they will not be shared outside of the organisation

About the person you care for

Do you have permission from the person you care for to tell us about them?

- Yes No

Name

Date of birth

Do they live :

- Independently With you
- In residential/supported accommodation

What is their relationship to you?

- Husband Wife Partner
- Father Mother Son
- Daughter Brother Sister
- Grandfather Grandmother
- Friend Other

What medical condition affects them most?

- Physical/sensory disability
- Mental health
- Learning difficulties

Details

Do they have any other medical condition?

- Physical/sensory disability
- Mental health Learning difficulties

Details



How can Carers Northumberland best support you? (Please tick any you think may be helpful to you)

- I would like a member of the Carer Support Team to contact me by phone
- I would like information about benefits, carers' rights and carers' issues
- I would like a Carer's Emergency Card
- I would like to learn new skills relevant to my caring role
- I would like to know more about local events and activities for carers
- I would like to come to a local support group
- I would like to discuss issues with other carers and professionals involved in providing services for carers

How did you find out about Carers Northumberland?

.....

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LARGE PRINT VERSION AVAILABLE ON REQUEST

Please complete this form, fold it in three, stick down the edges (or seal it in an envelope) and return it to:

FREEPOST RSRZ-TCYT-CBBU
 Carers Northumberland
 Suite 17 Wansbeck Business Park
 Rotary Parkway
 Ashington
 Northumberland
 NE63 8QZ



How do you feel?

We'd like to gather some information about how you feel and what you experience as a carer. We may ask you to repeat this exercise again at different times in the future. This helps us measure how what we do helps carers.

Please read the following statements and select the answer that best describes how you feel today.

I last visited my GP about my own health:	last week	last month	last year	I can't remember
My GP knows I'm a carer:	Yes	No	Don't know	
My GP asks about my caring role as well as my health:	always	Most of the time	Sometimes	Never
I have lots of people I can talk to about my caring role:	always	Most of the time	Sometimes	never
I have time to myself:	Every week	Most weeks	Some weeks	Never
The time I have to myself is enough for me:	Yes	No	It depends how I'm feeling	
I feel isolated or lonely:	Always	Most of the time	Sometimes	Never
The person I care for appreciates what I do:	Always	Most of the time	Sometimes	Never
Professionals appreciate what I do:	Always	Most of the time	Sometimes	Never
I feel supported by social and healthcare staff I meet	Always	Most of the time	Sometimes	Never
Caring affects how I live my life:	Always	Most of the time	Sometimes	Never
Caring affects how I feel about my life:	always	Most of the time	Sometimes	Never
I feel comfortable in my caring role:	Always	Most of the time	Sometimes	Never
I have felt, or been, threatened by the person I care for, either physically or verbally:	Always	Most of the time	Sometimes	Never
I have told someone about this:	Always	Most of the time	Sometimes	Never

Thank you for completing this survey, your feedback is much appreciated by everyone at Carers Northumberland