Please complete this form to the best of your knowledge and return to us, allowing 5 working days for us to process the information.

|  |
| --- |
| **Your Personal Details** |
| **First name(s)** |  |
| **Surname** |  |
| **Date of birth** |  |
| **About the Person You Care For**  |
| **First name(s)** |  |
| **Surname** |  |
| **Date of birth** |  |
| **Relationship to you** |  |
| **Are they registered as a patient at** **Salisbury Medical Practice?** | **Yes** |  | **No** |  |
| **Please tell us about them, including any disabilities or conditions (why they require your care)** |  |
| **What does your role as carer involve?** |  |
| **Support For You** |
| **Do you consent to a referral being made to Carer Support Wiltshire?** | **Yes** |  | **No** |  |
| This charity offers a range of free support and information as well as breaks and signposting to other appropriate services. Find out more on their website: [www.carersupportwiltshire.co.uk](http://www.carersupportwiltshire.co.uk) |
| **Would you like an appointment in our Carers Clinic?**  | **Yes** |  | **No** |  |
| This is a 20 minute appointment for a health check with one of our Healthcare Assistants, followed by a 20 minute appointment with Carer Support Wiltshire for wellbeing support. |

**How we can support you**

As a carer you are entitled to an annual flu vaccination, as well as an appointment for review in one of our carers clinics held in partnership with Carer Support Wiltshire. We host a monthly Carers Café for patients to meet others and gain support from a Carer Support Wiltshire volunteer on 1st Tuesday of every month between 10am-12pm at Fisherton House, Salisbury Medical Practice. No need to book and refreshments are provided.

Please visit our website www.salisburymedicalpractice.co.uk/carer-support to find out more about the support on offer or call us on 01722 333034.

Upon receiving the form we will update your records, add you to our carers register and refer you to Carer Support Wiltshire (if requested).