**Carers Registration Form**

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

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| **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?** |  |
| **Do they receive any paid care?** | **Yes** |  | **No** |  |
| If yes, how many times per week? |  |

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| **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. Find out more on their website: www.carersupportwiltshire.co.uk* |
| **If yes, please provide an email address for the referral (if you have access to email)** |  |
| **Would you like a member of their support team to get in touch when they receive the referral?** | **Yes** |  | **No** |  |

**How we can support you**

As a carer you are entitled to an annual flu vaccination, as well as an annual appointment for review in one of our carers clinics. We host a monthly Carers Café for patients to meet others and gain support from a Carer Support Wiltshire volunteer (please note this is not currently taking place due to COVID-19). Please visit our website [www.salisburymedicalpractice.co.uk/carer-support](http://www.salisburymedicalpractice.co.uk/carer-support) to find out more about the support on offer.

Upon completing we will update your records adding you to our carers register and refer you to Carer Support Wiltshire (if requested).