

HAWTHORN MEDICAL CENTRE

CARERS REGISTRATION FORM

Definition of a Carer

Individuals irrespective of age, who provide or supervise a substantial amount of care on a regular basis of a child, relative, partner or neighbour who is unable to manage on their own due to illness, disability, frailty, mental distress or impairment.

The term "Carer" would not normally apply if the person is:

- a paid Carer
- a volunteer from a voluntary agency
- anyone providing personal assistance for payment either in cash or kind

A Carer can be a child looking after an older person or parent, or an older person looking after a disabled partner. The definition may be quite wide-ranging.

Where a young person is identified as a Carer, as well as being offered support from social services they can be given information about young carers, please visit www.swindoncarers.org.uk or www.youngminds.org.uk.

The person being cared for may or may not, be, registered at the Carer's practice.

Where the person being cared for is registered elsewhere, the practice will not be able to identify routinely where this relationship has ceased. Periodically, the Carer may be asked to re-confirm his / her status. Where the person being cared for is a registered patient, the relationship can be re-affirmed more often, and major events such as death or de-registration may initiate a change of status from practice-held information.

Not sure if you are a Carer?

Do you help a family member, child, friend, or neighbour that:

- Is frail
- Has a disability or special needs
- Has a chronic illness and / or
- Has a mental illness
- Has dementia/Alzheimer's
- Has a substance misuse problem with drugs or alcohol.

Do any of these statements apply to you?

- Is this help regular and ongoing?
- Does this help involve showering, toileting, dressing or other personal care?
- Does this help involve cleaning, cooking, shopping, transport and/or assistance with bills or other paperwork?
- Does this help involve medication or other health care?
- Would this person have difficulty managing on their own if you could not provide regular and ongoing support?
- Do you receive Carers Allowance or no payment at all?

Please complete the form overleaf and hand it in at reception.

YOUR DETAILS	
Full Name	
Date of Birth	
Full Address including Postcode	
Telephone Number	
Registered GP surgery	
Reason for being Carer	
DETAILS OF PERSON YOU CARE FOR:	
Full Name	
Date of Birth	
Full Address including Postcode (if different to above)	
Telephone Number (if different to above)	
Relationship to you	
Registered GP Surgery	
Reason for receiving care	

Information:

Swindon Carers Centre, Sanford House, Sanford Street, Swindon, SN1 1HE

Tel: 01793 531133, Email: info@swindoncarers.org.uk

Do you agree for your contact details to be given to the Swindon Carers Centre who may contact you?
YES / NO

Signed: Date:

Hawthorn Admin Use: Add Read Code, Scan to Record (if applicable forward contact details to Swindon Carers Centre)