

CONSENT TO BE REGISTERED AS A CARER

I hereby give consent for my name to be registered (with GP Practice as a Carer), and also with the Carers Project at Voluntary Action – Hinckley & Bosworth. 12 Waterloo Road, Hinckley, LE10 0QJ.

This Project can be contacted on 01455 231998, and has information on a range of services that provide support for carers. In order to offer relevant support it would be helpful to have basic information about the cared-for person's condition. Please note that although this information can be freely included, personal details need the cared-for persons consent. However please be assured that all information will be treated in confidence in accordance with the Data Protection Act.

Carers Details:

Name : Title:

Address:
..... Date of birth:

Postcode: Telephone:

E-Mail address

Ethnic Origin – Do you work – Full time / Part time

Categories, White British, W/B; White Irish, WI; White Other, WO; Chinese, C; Indian, I; Pakistani, P; Bangladeshi, B; Other Asian Origin, OAO; Black African, BA; Black Caribbean, BC; White & Black Caribbean, WBC; White & Black African, WBA; Other Black Origin, OBO; Other Dual Heritage, ODH; Other Ethnic Origin, OEO ;

Surgery

GP / Linkworker

Brief details of Cared-For persons condition

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Carer's Signature: **Date:**

Referrers Comments

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Cared-for persons details.

Name: Date of Birth

Relationship: