

# Carer Registration/ Consent/ Referral with your GP Surgery – Explanatory Note

## Are you a Carer?

Do you look after a relative, friend or neighbour who is ill, frail, disabled, has a mental health concern or problematic substance use and who could not manage without your help? If so, then you are a Carer and there are a number of ways you can get help and support. The first step is to take a few moments to read this note and complete the form on the reverse of this sheet.

## Why you should complete the Carer Registration Form

Your Surgery is part of the Investors in Carers (IiC) scheme aimed at making sure Carers receive health-related support. You should have been given a copy of the Investors in Carers leaflet along with this registration form. The leaflet provides more detail on the benefits of registering as a Carer.

By your completing **Section A** of the form the Surgery will record you as a Carer and be aware of this when dealing with you. It is also helpful to know who you are caring for and, provided the person is in agreement, they should also complete a separate '**Cared For**' consent form. The Surgery will have a copy of this form.

**Section B** indicates what other forms of help is available to Carers.

These are:

- **Carers Register and Carmarthenshire Carers Newsletter** – Would you like to join the Carmarthenshire Carers Information Service mailing list to help ensure Carers are recognised, valued and receive better services? The list is confidential and run by Carers Information Service. Joining is free and you will receive a copy of the Carmarthenshire Carers Newsletter - this newsletter is published four times a year and provides news and information for Carers across Carmarthenshire. If you wish to join the mailing list, your details will be passed on to the Carers Information Service.
- **Carmarthenshire Carers Information pack** – This contains information that will help you in your caring role. There are also lists of other organisations that can help you depending on your situation and the person you care for's disability or illness.
- **Carers Needs Assessment** – all Carers have a legal right to request a Carers Needs Assessment. The Carers Information Service can refer you to Social Care. The assessment looks at how you might be helped to carry on caring but also looks at the wider effects that caring has on your life.

## What happens when you hand the completed form back to a member of Surgery staff?

Once the member of Surgery staff has checked you have completed **Sections A and/or B**, you will be asked to sign the bottom of the form. The member of staff will also sign the form.

The Surgery will then add your Carer details to its database so that all staff know that you are a Carer and should receive appropriate advice and support.

If you have indicated that you wish to receive further information about Newsletter, Carers Information pack and/or Carers Needs Assessment your details will be passed on as appropriate. Once entered on the relevant database the personal information provided will only be used for the purposes detailed above.

Name of Surgery:

**CARERS REGISTRATION  
/CONSENT/ REFERRAL FORM**



Investors in Carers - Carmarthenshire

Please read the Explanatory Note on the other side of this form before completing Sections A and/or B. If you need help filling in this form a member of Surgery staff will be happy to assist. A **Welsh language** version and a **large print** version are available on request.

**Section A – Informing your Surgery you are a Carer**

**Your Details:**

Name:	M/F
Address:	
Post Code	D.o.B.
Telephone:	
Mobile:	
E-mail:	

**Details of the person you care for:**

Name:	
Address:	
Post Code:	D.o.B.
Relationship to you:	
How long have you been their carer?	
Details of their disability or illness:	

**Section B – Receiving further information – please see reverse of this form for more details**

Would you like to receive copy of the <b>Carmarthenshire Information Pack?</b>	Yes	Would you like to be added to our confidential mailing list to receive our quarterly newsletter, <b>Carmarthenshire Carers News?</b>	Yes
	No		No

Would you like to receive a <b>Carers Needs Assessment</b> from Carmarthenshire Social Care (this allows Social Care to determine your needs as a Carer and the support they may be able to give you to make it easier for you to care for someone at home).	Yes
	No

**Signed:** .....(Carer)      **Date:** .....

(Please note that in signing this form you agree to having your 'Carer' details added to your Surgery Patient Record and passed to the relevant Groups in **Section B** if you have said 'Yes' to any box.)

**Name & Signature:** ..... **(Member of Surgery Staff)**      **Date:** .....

Message for member of Surgery Staff: Once Sections A & B have been completed and signed please send a copy to: Crossroads, The Palms, Unit 3, 96 Queen Victoria Rd, Llanelli, Carmarthenshire SA15 2TH.