|  |  |
| --- | --- |
| **Register with York Carers Centre**  |  |
|  |  |
| Section 1 – details about the Young Adult Carer |  |
| Name  | Date of birth  |
| Address and postcode |
| Home phone number  | Mobile number  |
| Email address  |
| We work closely with GPs to improve the support they give carers. We also provide them with a list of carers registered with their surgery who are known to us. If you are happy for us to include you on this list please tell the name and surgery address of your GP below. **If you do not want us to contact your GP go to section 2.**  |

#### Section 2 – who do you care for (person 1)?

|  |  |
| --- | --- |
| Name  | Date of birth  |
| Address  |
| Please tell us about their disability/condition |
| What is their relationship to you (for example, mother)?   |

#### Who do you care for (person 2)?

|  |  |
| --- | --- |
| Name  | Date of birth  |
| Address  |
| Please tell us about their disability/condition |
| What is their relationship to you (for example, mother)?  |

**Section 3 – The referral**

|  |  |
| --- | --- |
| If the referral is from someone other than the carer:Are the family aware of this referral? | yes / no |

|  |  |
| --- | --- |
| Referred by  | Date of referral |
| Address  |
| Contact number |

Is there anything we need to know about safety in relation to us doing a home visit?

|  |
| --- |
|  |

**Section 4 – tell us how you found out about York Carers Centre**

|  |  |  |  |
| --- | --- | --- | --- |
| York Carers Centre leaflet or poster |  |  Event/support group |  |
| GP surgery |  |  Article in a newsletter/newspaper |  |
| Other health worker / hospital |  |  City of York Council  |  |
| Web search (for example, Google) |  |  Other (please say how below) |
| Twitter or Facebook |  |  |  |
| Friend or relative |  |  |  |

**Section 5 – sign this form**

You need to complete, sign and return this form to York Carers Centre.

**I confirm that the details provided are correct and I agree to be responsible for informing York Carers Centre of any changes in my circumstances.**

|  |  |
| --- | --- |
| Name (printed)  | Date  |
| Signature  |