**Do you look after someone?**

**Could they manage without your help?**

Do you provide unpaid care to a friend, neighbour, or family member who couldn’t manage without your help?

Do they need your help because they are frail, elderly, have a physical illness, suffer with mental health issues or have an addiction to drugs or alcohol?

If the answer is yes to either, or both, of the questions above, it is extremely likely that you are a Carer, whether you were aware of it or not.

If you do look after someone do you realise you can register with your GP as a Carer if you are providing this support on a regular basis. If your GP surgery is aware that you are a Carer they can monitor how caring may be affecting your health or emotional well-being and signpost you to additional support.

You do not need to be living with the person you look after to be registered as a Carer.

If you would like to be registered then please complete this form and return to your GP practice.

It would be helpful if you could complete this Checklist as it will show exactly what you are doing for the person you support.

|  |  |  |  |
| --- | --- | --- | --- |
| **Support with** | **Yes** | **No** | **How often** |
| **Personal Care:**  Do you help with Washing, Dressing  Toileting as examples? |  |  | Daily  Weekly  Monthly  Less frequently |
| **Domestic support**  Do you help with Cooking, Housework, Shopping as examples? |  |  | Daily  Weekly  Monthly  Less frequently |
| **Physical Care**  Do you help with Helping someone who has problems with their mobility? |  |  | Daily  Weekly  Monthly  Less frequently |
| **Financial Support**  Do you help with banking or paying bills as examples? |  |  | Daily  Weekly  Monthly  Less frequently |
| **Health Care**  Do you have to speak to health professionals, attend appointments, order or collect medication for the person you support? |  |  | Daily  Weekly  Monthly  Less frequently |
| **Emotional Support**  Do you provide support by being a listening ear or keeping them company as an example? |  |  | Daily  Weekly  Monthly  Less frequently |
| **Communication support**  Do you have to translate for the person you support?  Do they have a sensory impairment?  Do you have to help them with reading/writing |  |  | Daily  Weekly  Monthly  Less frequently |
| **Other support.**  Please tell us about other support you provide. |  |  | Is this  Daily  Weekly  Monthly  Less frequently? |

**Carer Registration form**

**To the Practice Manager [or relevant lead] at Practice,**

I am writing to request that I am registered as an unpaid carer.

**My details are as follows:**

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| NHS Number (if known) |  |
| Address |  |
| Postcode |  |
| Preferred contact number |  |
| Email address |  |
| Your relationship to the person you support |  |

**The details of the person I support are:**

**(Please leave blank if person you care for does not provide written consent for their details to be shared)**

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| NHS Number (if known) |  |
| Address |  |
| Postcode |  |

Signature of Carer

Date:

I confirm that the person above does provide support to me and I consent to my details being shared

Signature of Person I support

Date: