



REGISTRATION FORM

Please complete this form and return it to Carers Northumberland using the address overleaf (no stamp required). Call **01670 3200 25** for help completing your registration form.

LARGE PRINT VERSION AVAILABLE ON REQUEST

About you

Title : Mr/Mrs/Miss/Ms (please circle)
Other (please specify)

Forename

Surname

Date of birth

Are you a:
 Carer Former carer Young Carer

If you are a former carer, when did your caring role end?

Your Address

Post code

Tel no

Mobile no

e-mail
(we will email you information unless you tell us otherwise)

Economic status

- working full time working part time
- unemployed retired
- student self employed
- Gave up work to care

Other

What is the name of your GP Surgery?

GP Surgery

Does your GP know you are a carer?
 Yes No

How many hours a week do you spend caring?

- 0-20 20-35 35-60 60+

Have you had a carers assessment?

- Yes No

Would you like information on carers assessments?

- Yes No

Has your health been affected by your caring role?

- Yes No
- Physical health Mental health

Details

I agree to my details being held on the Carers Northumberland database and understand that they will not be shared outside of the organisation

Signed _____

How did you find out about Carers Northumberland?

.....

Equality Monitoring

All information will be held anonymously, and will only be used to inform funders and other stakeholders of the reach of our services.

Please tick the responses that apply, where you are happy to do so.

Please indicate your ethnic origin:

White

- British Irish Other White

Mixed

- White and Black Caribbean
- White Asian
- White and Black African Other Mixed

Asian/Asian British

- Indian Pakistan Bangladeshi
- Other Asian

Black/Black British

- Caribbean African Other Black

Other

- Chinese Any Other

Religion or Belief

- Christian Buddhist Hindu
- Jewish Muslim Sikh
- Other religion No religion
- Prefer not to say

Sexual orientation

- Heterosexual
- Lesbian/Gay man/ Bisexual
- I prefer not to say



About the person you care for

Do you have permission from the person you care for to tell us about them?

- Yes No

Title : Mr/Mrs/Miss/Ms (please circle)

Name

Date of birth

Do they live :

- Independently With you
- In residential/supported accommodation

What is their relationship to you?

- Husband Wife Partner
- Father Mother Son
- Daughter Brother Sister
- Grandfather Grandmother
- Friend Other

What medical condition affects them most?

- Physical/sensory disability
- Mental health
- Learning difficulties

Brief details

Do they have any other medical condition?

- Physical/sensory disability
- Mental health Learning difficulties

Brief details

Please complete this form, fold it in three, stick down the edges (or seal it in an envelope) and return it to:

FREEPOST RSRZ-TCYT-CBBU
Carers Northumberland
Suite 17 Wansbeck Business Park
Rotary Parkway
Ashington
Northumberland
NE63 8QZ



How do you feel?

We'd like to gather some information about how you feel and what you experience as a carer. We may ask you to repeat this exercise again at different times in the future. This helps us measure how what we do helps carers.

Please read the following statements and select the answer that best describes how you feel today.

I last visited my GP about my own health:	last week	last month	last year	I can't remember
My GP knows I'm a carer:	Yes	No	Don't know	
My GP asks about my caring role as well as my health:	always	Most of the time	Sometimes	Never
I have lots of people I can talk to about my caring role:	always	Most of the time	Sometimes	never
I have time to myself:	Every week	Most weeks	Some weeks	Never
The time I have to myself is enough for me:	Yes	No	It depends how I'm feeling	
I feel isolated or lonely:	Always	Most of the time	Sometimes	Never
The person I care for appreciates what I do:	Always	Most of the time	Sometimes	Never
Professionals appreciate what I do:	Always	Most of the time	Sometimes	Never
I feel supported by social and healthcare staff I meet	Always	Most of the time	Sometimes	Never
Caring affects how I live my life:	Always	Most of the time	Sometimes	Never
Caring affects how I feel about my life:	always	Most of the time	Sometimes	Never
I feel comfortable in my caring role:	Always	Most of the time	Sometimes	Never
I have felt, or been, threatened by the person I care for, either physically or verbally:	Always	Most of the time	Sometimes	Never
I have told someone about this:	Always	Most of the time	Sometimes	Never

***Thank you for completing this survey, your feedback is much appreciated
by everyone at Carers Northumberland***