Do you look after someone that is ill, frail or who has a disability that could not manage without your support? Shopping, meal preparation, personal care or emotional support? (You can be of any age) If the answer is yes, **then you are an unpaid carer.**

We want to know which of our patients have caring responsibilities so we can offer you extra support. If you consent to being added to our Carers Register, please fill in your details below and hand this form into the surgery. Being on the Carers Register entitles to you to:

* invitations for an annual flu vaccination
* a carers health assessment

and we can take your caring responsibilities in account when you book appointments with us.

**This surgery will not disclose personal information about you to any other person or organisation without your consent.**

|  |  |
| --- | --- |
| **Carers name:** | **Date of Birth:** |
| **Address:** |
| **Postcode:** | **Tel no:** |
| **I care for (name and relationship)** |
| **Address if different to yours:** |
| **Do you need any help to support you in your caring role?** |  |

Carer Support Dorset is a charity that acts as the main organisation supporting unpaid carers in Dorset Council. They recognise that each carers circumstances are unique to them and how important it is you receive the right support for your situation. They will not disclose personal information about you to any other person or organisation without your permission. We encourage all our unpaid carers to be registered with Carer Support Dorset as this gives you access to services such as the Carers discount card, training for carers and much more.

**Do you consent to being referred to Carers Support Dorset YES/NO**

**Alternatively, please tear off the details below if you would like to self-refer. ………………………………………………………………………………………………………………………………………**