

**Adult Carers Registration Form**

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| *SCC Internal use only* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referral Received**: Click here to enter a date. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This form is designed to be completed by either the Carer or professional working with the family. If you are a professional, ideally you will complete the form alongside the Carer to gain insight into their caring role. Please return this form by hand, or post to Sutton Carers Centre, Benhill House 1st Floor, 12-14 Benhill Avenue, Sutton, Surrey, SM1 4DA or via e-mail: [enquiries@suttoncarerscentre.org](mailto:enquiries@suttoncarerscentre.org) Thank you. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **About the Carer:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | Choose an item. | | | First Name: | | | | Click here to enter text. | | | | | | | | Surname: | | | | | | | | Click here to enter text. | | | | | |
| Date of Birth: | | | Click here to enter text. | | | | | | | | | Gender: Choose an item. | | | | | | | | | | | | | | | | | | | |
| Address: | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | Postcode: | | | | | | | |
| Home Telephone | | | Click here to enter text. | | | | | | | | | | | | | Mobile: | | | | Click here to enter text. | | | | | | | | | | | |
| E-mail: | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Caring Situation:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you care for a: | | | | Choose an item. | | | | | | | What is their relationship to you? | | | | | | | | | | | | Click here to enter text. | | | | | | | | |
| Reason for caring:*(please tick as appropriate)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mental Health Issues | | | | | | | | | | | | | | Substance Misuse Issues | | | | | | | | Learning Disabilities | | | | | | | | | |
| Physical/Sensory Disabilities | | | | | | | | | | | | | | Short-term Illness | | | | | | | | Acute Life-limiting Illness | | | | | | | | | |
| What is their specific health issue/condition/illness/disability: | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | |
| **About the Cared For:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: | Choose an item. | | | | First Name: | | | | Click here to enter text. | | | | | | | | Surname: | | | | | | | | Click here to enter text. | | | | | | |
| Date of Birth: | | Click here to enter text. | | | | | | | | | | | Gender: | | | | Choose an item. | | | | | | | | | | | | | | |
| Do they live at the same address: | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | No | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the person you care for receive services from London Borough of Sutton? | | | | | | | | | | | | | Yes | | | | | | | | No | | | | | | | | Other | | |
| Do you receive Carer support or services from London Borough of Sutton? | | | | | | | | | | | | | Yes | | | | | | | | No | | | | | | | | Other | | |
| Have you had a Carers Assessment or Review this year? | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | No | | | | |
| If yes, what was the date?Click here to enter a date. | | | | | | | | | | | | | | If no, why?  Click here to enter text. | | | | |
| Are there any children/young people aged 8-25 in the family? | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | No | | | | |
| If yes, may our specialist Young Carers Team contact you about them? Yes  No | | | | | | | | | | | | | | | | | | |
| **Additional Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You do not need to tell us this information, but it will help us to provide you with an individualised service. It also will help us assess how well we are reaching Carers from all communities in Sutton. NB: We only hold information relevant to your caring role. If you wish to provide us with further information about the person you care for, you will need to gain their consent. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is your marital status? | | | | | | | | Choose an item. | | | | | | | | What is your employment status? | | | | | | | | | | | | Choose an item. | | | |
| What is your housing status? | | | | | | | | Choose an item. | | | | | | | | How many people are there in your household? | | | | | | | | | | | | Choose an item. | | | |
| How would you describe your ethnicity? | | | | | | | | Choose an item. | | | | | | | | What is your sexuality? | | | | | | | | | | | | Choose an item. | | | |
| Click here to enter text. | | | | | | | |
| Do you have a health condition? | | | | | | | | Yes If yes, please specify:  Click here to enter text. | | | | | | | | | | | No | | | | | | | | | | | | |
| What is the name of your GP Surgery? | | | | | | | | Click here to enter text. | | | | | | | | What is your GP’s name? | | | | | | | | | | | | Click here to enter text. | | | |
| How did you hear about Sutton Carers Centre?Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Impact of Caring:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Caring roles can vary. The impact of your caring role may be due to a number of different factors: the number of hours you care each week, the demands and responsibilities placed on you, as well as other support networks you may or may not have. For some, caring can be tricky, but they are doing okay. Please complete the following section by placing a rating of 1 – 4. NB: If you are the professional completing the form on the Carer’s behalf, please make an informed judgement about the impact of caring. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. How caring places demands on you? (1=not much demand, 4=demands a lot) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Choose an item. | |
| 1. How well are you coping at this time? (1=coping well, 4=not coping at all) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Choose an item. | |
| 1. How well supported do you feel by the people around you? (1=well supported, 4=not at all | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Choose an item. | |
| 1. Do you consider your caring situation places you at risk of any harm? Yes  No If yes, please give more details:Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Data Protection and Confidentiality** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sutton Carers Centre (SCC) ensures that all information relevant to your caring role is held in a secure and confidential manner. If you are a professional completing this form on behalf of a Carer, please ensure you have their consent to send this information to us and sign below.  I agree to SCC holding information relevant to my caring situation and understand that I can view the data held on my file upon request. I give my permission for SCC to get in contact and send me information. Occasionally, SCC is required to provide basic monitoring information to our funders, please tick this box if you do not wish to be personally identified. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signed: | | | | | | | | Click here to enter text. | | | | | | | | Date: | | | | | | | | | | | | Click here to enter a date. | | | |
| **About the Referrer:** (please complete his section if you are completing this form on behalf of a Carer). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | Click here to enter text. | | | | | | | | Job Title: | | | | | | | | | | | | | Click here to enter text. | | | |
| Organisation/Agency | | | | | | | | Click here to enter text. | | | | | | | Telephone Number | | | | | | | | | | | | | Click here to enter text. | | | |
| Email:Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the Carer given consent for you to make this referral? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Carer have any immediate/pressing issues SCC can assist them with? (please state) Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any risk-related issues of which we need to be aware?Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please attach the most recent Carers Assessment/Review | | | | | | | | | | | | | | | Assessment date: | | | | | | | | | | | | | Click here to enter a date. | | | |
| Signed: | | | | | | | | Click here to enter text. | | | | | | | Date | | | | | | | | | | | | | Click here to enter a date. | | | |