

CiB Staff member completing this form: _____

Referral source: Bedford Bedford Lounge Biggleswade Leighton Buzzard Luton Lounge Other

Has welcome pack already been given/sent: Yes No



Adult Carer Registration

You MUST fill in all the highlighted fields so we can process your registration.

Data Sharing Consent

In order to support you we need to know some personal information about you and the person you care for, including how we can contact you about services. We need this information to ensure the services we offer you, delivered by Carers in Bedfordshire, and other agencies, meet your needs. We may be asked to share information with organisations who fund us, including the local authority. We report this in such a way that does not identify you. Further details of how we handle your personal information will be sent to you in our welcome pack, and are accessible on our website.

Are you happy for us to proceed with registering you with Carers in Bedfordshire on this basis?

***Tick to confirm statement is understood and agreed**

***Date:** _____

About you - The carer

*Carer's Title:		*First Name:	
*Surname:		Preferred name:	
Carer Type:	<input type="checkbox"/> Adult Carer <input type="checkbox"/> Parent Carer <input type="checkbox"/> Dementia Carer		<input type="checkbox"/> Former Carer <input type="checkbox"/> Veteran Carer <input type="checkbox"/> Unknown
*Date of Birth:		*Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
*Your full postal Address			Email:
*Postcode			
*Telephone Numbers:	Ok to leave message		
Home:		<input type="checkbox"/> On home voicemail?	<input type="checkbox"/> With someone else, if so, what is their name?
Mobile:		<input type="checkbox"/> On mobile voicemail?	
Preferred language of communication:		Any language barriers/sign language? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Information Preferences			
Preferred contact method*: (please tick ONE only)			
<input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Mobile phone <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> SMS			
How would you like to receive our quarterly magazine*?		How would you like to be reminded about appointments?	
<input type="checkbox"/> By email <input type="checkbox"/> By post <input type="checkbox"/> Nil by post		<input type="checkbox"/> Email <input type="checkbox"/> SMS <input type="checkbox"/> No reminder	

Carers in Bedfordshire

CONFIDENTIAL Registration Form

Marketing Communications

Occasionally we may wish to contact you with information on the charity's broader activities and services. This may include Carers Discount Card offers, job and volunteering opportunities, fundraising activities. Are you happy to receive information that we believe will interest you on topics like these?

Please tick all that apply*:

- Yes by email
 Yes by home phone
 Yes by SMS
 Yes by post
 Yes by mobile phone
 No don't contact me about any topics like this

Other Support

Receiving help from other organisation Yes No

If yes, which agencies:

Other information

Are you the main carer for this person?* Yes No

Any other carers in the household? Yes No

If yes, are they under 18? Yes No

Do you care for more than one person?

Yes No

Cared for details Is the 'Cared for' aware that you have registered with Carers in Bedfordshire? Yes No

Cared For - Title:		First Name*:	
Surname*:		Preferred Name:	
Date of Birth of Cared For:		Relationship to Carer*:	
Address of cared for (if different to yours):	Borough <input type="checkbox"/> Central <input type="checkbox"/> Other <input type="checkbox"/>		
Diagnosis*:			

Monitoring information - to be completed by all carers

Your GP's Name :	Your GP Surgery:	
Your ethnic origin:		
Your religion or faith (if any):		
How did you hear about CiB? *		
How long have you been a Carer?	(Years)	(Months)
Sexual orientation: Hetrosexual/Lesbian/Gay		
Do you consider yourself as having a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

To be completed by Dementia or Memory loss carers

If primary diagnosis is dementia, which form?	<input type="checkbox"/> Alzheimer's Disease	<input type="checkbox"/> Vascular Dementia
	<input type="checkbox"/> Mixed Dementia	<input type="checkbox"/> Lewy Bodies
	<input type="checkbox"/> Frontotemporal	<input type="checkbox"/> Mild Cognitive Impairment

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CONFIDENTIAL Registration Form

	<input type="checkbox"/> Not known <input type="checkbox"/> Other <input type="checkbox"/> No diagnosis
When diagnosed if known (month/year)	
If diagnosed, is person aware of the diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does carer wish to be registered with the Navigation Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does person with memory loss wish to be registered with the Navigation Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No

To be filled in by professionals who are referring carers

Title:	Name:	Surname:
Organisation:	Phone Number:	
Email address:		
Preferred contact method* <input type="checkbox"/> work phone <input type="checkbox"/> Mobile phone <input type="checkbox"/> Email <input type="checkbox"/> Post		
Marketing Communications Occasionally we may wish to contact you with information on the charity's broader activities and services. This may include Carers Discount Card offers, job and volunteering opportunities, fundraising activities. Are you happy to receive information that we believe will interest you on topics like these? Please tick all that apply:* <input type="checkbox"/> Yes by email <input type="checkbox"/> Yes by post <input type="checkbox"/> Yes by mobile phone <input type="checkbox"/> No don't contact me about any topics like this.		
Contact you before we contact the Carer? Please ensure the carer knows you have asked us to contact them.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Assessment of Carer's needs - Please include specific reasons for referral, details of other agencies involved and interventions offered where appropriate.		

Please write clearly then scan and email completed form to contact@carersinbeds.org.uk or post to:

Carers in Bedfordshire, Suite D1 Emerald Court, Brickhill Drive, Bedford, MK41 7PZ