## heath lane surgery

EARL SHILTON LEICESTER

## Consent to be registered as a carer

| Ihereby give conse  | nt for my name to be registered (with GP Practice as                 |  |  |
|---|--|--|--|
| a Carer), and also with the Carers Project at Volur   | ntary Action - Hinckley & Bosworth, 12 Waterloo Road, Hinckley, LE10 |  |  |
| OQJ.  |  |  |  |
| This project can be contacted on 01455 231998 and has information on a range of services that provide support for carers. In order to offer relevant support it would be helpful to have basic information about the cared-for person's condition. Please note that although this information can be freely included, personal details need the cared-for |  |  |  |
|   |  | persons consent. However, please be assured that | t all information will be treated in confidence in accordance with the |
|   |  | Data Protection Act.                             |  |
|   |  |  |  |
| Carer's details:  |  |  |  |
| Name:   | Title:   |  |  |
| Address:  |  |  |  |
|   | Date of birth:   |  |  |
|   |  |  |  |
| Postcode:   | Telephone:   |  |  |
| E-mail address  |  |  |  |
| Ethnic origin:  | do you work - full time / part time                                  |  |  |
| White British W/B; White Irish W/I; White Ot  | ther W/O; Chinese C; Indian I; Pakistani P; Bangladeshi B;           |  |  |
| Other Asian Origin OAO; Black African BA; B   | lack Caribbean BC;   |  |  |
| White & Black Caribbean WBC; White & Black A  | frican WBA; Other Black Origin OBO;                                  |  |  |
| Other Dual Heritage ODH; Other Ethnic Origin  |  |  |  |
| <i>y</i> ,  |  |  |  |
| Surgery:  |  |  |  |
| GP/link worker:   |  |  |  |
| Brief details of cared-for persons condition  |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| Carer's signature:  | Date:  |  |  |
| Referrer's comments:  |  |  |  |
|   |  |  |  |
| Carad for parson's datails:   |  |  |  |
| Cared-for person's details:   | Date of birth:   |  |  |
| Name:   | Date of billin   |  |  |