

Emergency carers' support service registration form

If you require guidance or assistance completing this form please contact:

Carers Oxfordshire, PO Box 780, Oxford, OX1 9GX

Telephone **0845 050 7666**

Email carersoxfordshire@oxfordshire.gov.uk

Website www.carersoxfordshire.org.uk

If you cannot complete this form in one go, you can save it to your computer to finish in your own good time. Remember to save regularly as you fill it in.

Carers' Name

Known as

Address

Post Code

Date of birth

Gender

Ethnicity

Home Phone

Work Phone

Mobile phone

Email:

Sharing of information: Please be aware: We will share information provided by your registration form with those we pay to provide the emergency care services.

I confirm I have read the sharing of information message above.

Please tick box.

I confirm the details of the service have been discussed with the person I care for, and they agree to my registering for this service and providing their details. *Please tick relevant box:*

Yes

No

If you have ticked no, please confirm Power of Attorney is held for the cared for person and is live.

I confirm Power of Attorney is held for the cared for person and is live.

Please tick box.

I confirm I agree to information provided for registration purposes being recorded and kept by Oxfordshire County Council, so that I may receive this service, and that it may be used for monitoring and evaluation purposes.

Please tick box.

Do you care for more than one adult?

Please tick relevant box **Yes** **No**

If yes you will need to complete a separate registration form for each adult your care for. If you have problems please telephone 0845 050 766

Cared for Person's Name

Address if different from your address

Post Code

Date of Birth

Gender

Ethnicity (*drop down box on online form; tick list on paper version*)

GP's name,

GP's address

GP's phone number

Predominant condition/diagnosis of cared for person

The following questions let us know if there are any other services from Carers Oxfordshire which you would like to receive.

Do you receive the Carers Oxfordshire quarterly newsletter?

Please tick relevant box **Yes** **No**

Would you like to receive the Carers Oxfordshire quarterly newsletter?

Please tick relevant box **Yes** **No**

If yes, how would you like to receive the newsletter?

Please tick relevant box **Email** **Post**

Would you like to be contacted by Carers Oxfordshire who can provide you with more information, advice or support as a carer?

Please tick relevant box **Yes** **No**

Finally, please could you tell us where you heard about Carers Oxfordshire?

Submitting your Registration form

Make sure you **save your form** onto your computer before following the instructions to email it to us at: carersoxfordshire@oxfordshire.gov.uk

Instructions for sending the form to us can be found at www.carersoxfordshire.org.uk/emergencycarers

You can also print the form using the tab on the right if you wish to save a hard copy.

For Internal purposes only:

Carer's LAS No

Cared for LAS No