

# Pembrokeshire Carers Registration and Referral Form



Please read the guidance notes before completing this form. A member of staff should be able to help you.



Name of surgery:
Name of LiC setting:

## Section A: let your GP surgery know you are a carer

Title:	Address:
Full name:	
Date of birth:	Postcode:
Telephone:	Email:
Written language preference:	Spoken language preference:

### About the person or people you care for:

What county do they live in?
Your relationship to the person you care for (e.g. wife, son, mother, friend, etc.):
What illness, disability or condition does the person you care for have?
Does anyone else provide additional care for this person: <input type="checkbox"/> Yes <input type="checkbox"/> No
Their age range: <input type="checkbox"/> 5 to 18 <input type="checkbox"/> 18 to 25 <input type="checkbox"/> Over 25

## Section B: help and support, please see notes for more information

Would you like to receive a free copy of the <b>Carers Gazette</b> ?	<input type="checkbox"/> Yes
Would you like to receive a copy of the <b>Pembrokeshire Carers Information Pack</b> ?	<input type="checkbox"/> Yes
Would you like an appointment with the <b>Carers Information &amp; Support Service</b> ?	<input type="checkbox"/> Yes

### How would you say you are currently coping with your caring role?

If you feel you are at crisis point, please contact Delta Wellbeing on 0300 333 2222

<input type="checkbox"/> Coping well	<input type="checkbox"/> Just managing	<input type="checkbox"/> Really struggling	<input type="checkbox"/> At crisis point
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### Please sign and date:

By signing this form you are agreeing to be registered as a carer at your GP surgery. If you say yes to anything in Section B your details will be passed to Pembrokeshire Carers Information & Support Service (PCISS). They will store and use your personal information to help and support you in your caring role.

Carers signature:	Date:
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### For surgery staff only:

I confirm that I have checked the above information. The carer has understood and signed the form. They have been given a copy of the guidance notes and 'Do you look after someone?' leaflet. If anything in Section B has been ticked I will post to: Pembrokeshire Carers Information & Support Service (PCISS), Hafal Crossroads, 37 Merlin's Hall, Haverfordwest, SA61 1PE or email a password protected word document to: [pciss@adferiad.org](mailto:pciss@adferiad.org) **within 5 working days.**

Full name:	Signature:	Date:
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# Pembrokeshire Carers Registration and Referral Form: Guidance Notes

## Are you a carer?

Do you look after a relative, friend or neighbour who cannot manage on their own because they have an illness, poor health, disability, mental health issue or an addiction? If so, you are a carer. There are several ways you could get help and support. The first step is to take a few moments to read these guidance notes and complete the form attached to this sheet.

## Why you should complete the carer registration form

You should have been given a copy of the 'Do you look after someone?' leaflet along with this form. The leaflet provides more detail on the benefits of registering and having a referral as a carer.

It is also helpful for your surgery to know who you are caring for. Please ask about a cared-for consent form. You and the person you care for will need to sign that form.

## Section A: letting your GP surgery know you are a carer

If you complete Section A of the form, you will be registered as a carer at your GP surgery. This means your surgery will be able to help and support you in your caring role. The form also asks if there is anyone else who provides care in particular under the age of 25 to help identify young or young adult carer(s).

## Section B: explains some of the help and support that is available to carers

### Pembrokeshire Carers Gazette

A free newsletter produced 3 times a year. This will contain information on carers services, details of events and issues that may concern them and the person(s) they care for.

### Pembrokeshire Carers Information Pack

The pack contains information on a range of topics to help you with your caring role. This includes practical help, benefits, and legal matters. There are details of other organisations that may be able to offer support to you and the person(s) you care for.

### Carers Information and Support Service

Our team of experienced staff provide information and support to carers. An appointment with an outreach support worker provides a listening ear. They can help prioritise your needs and better manage the impact of your caring role. They can also help you access other support services including a Carers Needs Assessment.

For further information contact the Carers Information & Support Service. Phone **01437 611002** or email [\*\*pciss@adferiad.org\*\*](mailto:pciss@adferiad.org).

## What happens when you hand the completed form back to your GP surgery?

You will be recorded as a carer at your surgery. This means that all staff know that you are a carer. You should receive the right advice and support. If you said yes to anything in section B your details will be sent to the carers service organisation. They will store and use your personal information so that they can help and support you. Your information will not be shared with any third parties outside these organisations.