

# Carers' Hub Lambeth Network Registration Form



## About You

**Title** Mr/Mrs/Ms/Miss

**Surname** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Postcode** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Mobile** \_\_\_\_\_

**Do you want to receive all our mailouts?**

**Do you want to receive our newsletter?**

**Are you**  Male  Female

**What is your date of birth?** \_\_\_\_\_

**Do you have a disability or long term illness?**

Yes  No

If yes, what is the nature of your disability/illness?

\_\_\_\_\_

\_\_\_\_\_

**What is the name of your GP Practice?**

\_\_\_\_\_

**Do you speak English?** \_\_\_\_\_

**If not or not much, what language do you prefer?** \_\_\_\_\_

\_\_\_\_\_

Please state your ethnic group:

**White**  British  Irish

**Other** \_\_\_\_\_

**Black or Black British**

African  Caribbean

**Other** \_\_\_\_\_

**Asian or Asian British**

Indian  Pakistani  Bangladeshi

**Other** \_\_\_\_\_

**Mixed**

White and Black African

White and Black Caribbean

White and Asian

Other \_\_\_\_\_

**Other Groups**

Chinese

Middle Eastern

Vietnamese

Latin American

Portugese

Cypriot

**Any other** \_\_\_\_\_

**Sexual Orientation**

Heterosexual/Straight  Gay Woman/Lesbian

Gay Man  Bisexual

Other  Rather Not Say

**Religion/Faith**

Buddhist  Muslim

Christian  Sikh

Hindu  None

Jewish  Other

Rather Not Say

**Please Turn Over**

# About the Person You Care For



Please give the details of the person for whom you are the **main** carer. Put brief details of the other people who you care for in the 'Do you care for anyone else' section below.

## What is your relationship to the person you care for?

E.G my friend/my partner/my neighbour/my parent/my child etc.

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Are they  Male  Female

What is their date of birth? \_\_\_\_\_

Does this person live with you  Yes  No

## What is their main disability/illness?

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## How many hours of care do you give a week?

Under 20 Hours  20 - 50 Hours  50+ Hours

Do you get and help with caring?  Yes  No  
 Sometimes

If yes, from who? \_\_\_\_\_

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Do you Care for Anyone Else? \_\_\_\_\_

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## Have you had a carers assesment?

Yes  No

If yes, when? \_\_\_\_\_

Some of your information may be shared for the purposes of monitoring our services. Please tick this box if you do not want any of your details to be shared.

We may occasionally share relevant information with you. Please tick this box if you do not want to receive such correspondence.

How Did You Hear About the Hub? \_\_\_\_\_

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**Please Return to Carers Hub Lambeth,  
336 Brixton Road, London, SW9 7AA**