



Carers Welcome Pack

It is important to register as a carer at your GP surgery.

Please complete the enclosed forms and return to your surgery so that you are registered as a carer on the clinical system.

For further information please contact your
Carer Champion

Thank you!



making carers count

Are you a carer?

You are a carer if you provide support to a partner, child, relative, friend or neighbour who could not manage with your support. This could be due to age, physical or mental illness, substance misuse or disability.

The person you support may have a physical or learning disability, dementia, mental health problems, may misuse drugs or alcohol, or may be ill or frail.

The person may live with you or elsewhere. They may be an adult or a child. If they rely on you for support, then **you are a carer**.

Anyone can become a carer. Carers come from all walks of life, all cultures and can be any age.



Benefits of registering as a carer at your GP Surgery

We as health professionals are dedicated to offering you as much help and support as needed and we work very closely with Carers in Hertfordshire in order to achieve this.

By completing all the attached forms and returning them to your surgery, the following will be available:

- **Flexible appointments**
- **Flu vaccination**
- **Information and support**
- **Referral to Carers in Hertfordshire**

CARER IDENTIFICATION AND PROFESSIONAL REFERRAL FORM (For NHS staff including GPs)

Carers in Hertfordshire is a countywide charity providing unpaid carers with information and advice on caring, support services, training sessions and workshops, newsletters and the opportunity to influence service providers. Carers in Hertfordshire services are free of charge, please feel free to telephone our Carer Support Advisors on 01992 58 69 69 for advice and support. Carers are important partners in patient care, but caring takes its toll and can have an impact on the carer's own health. If a carer's health suffers, patients suffer too. This is avoidable, with the right support.



Please ensure that carers are on your carer register and refer them to Carers in Hertfordshire for free advice and support using this referral form.

Please complete the following sections in BLOCK CAPITALS.

Carer's details will be added to Carers in Hertfordshire's database. We will not share this information with anyone else without the carer's permission.			
Title:	Forename/s:	Surname:	Date of Birth:
Carer's own health/conditions:			
Address: No or name of house: Road Name: Town: County: Postcode:		Contact Telephone Numbers: Home: Work: Mobile: Email:	
Ethnicity:	Primary Language Spoken:	Name of GP Surgery:	
Sexuality:	Religion:	Marital Status:	
Employment Status (please tick): Working full-time <input type="radio"/> Working part-time <input type="radio"/> Retired <input type="radio"/> Student <input type="radio"/>			
When did the caring role start? Month: Year:			
Tell us how you support the person you care for (required for referral to be accepted):			
Carer's signature to confirm consent for referral: Date:		If you are not seeing the carer face to face please tick this box to confirm the carer has consented to this referral. <input type="checkbox"/> Date:	

Consent must be given by the carer for the referral to be accepted

**Carers in Hertfordshire,
The Red House, 119 Fore Street,
Hertford, Herts, SG14 1AX.**

Telephone: 01992 58 69 69
Email: contact@carersinherts.org.uk
Website: www.carersinherts.org.uk

Please return form to carersinhertfordshire@nhs.net

**Name & Address of referrer
organisation: (required for
referral to be accepted).**

Consent to Share Information

(To be completed and signed by the person receiving support and wishing to share their information). Please complete in capital letters.

Name:

Address:

.....

Contact Telephone Number:

Date of Birth:

I hereby give permission for medical information to be discussed with (Please print name/s):

.....

Address:

.....

Contact Telephone Number:

Date of Birth:

Their relationship to me is:

(E.g. friend, wife, husband, brother, sister, carer)

Signature of person receiving support):

Date: