**GP Carers Identification and Registration Form**

**Do you regularly support someone who has a long term health condition, illness, disability or mental health issue? Do you have the help and support you need? Are you able to look after your own needs?**

By completing and signing this form you are agreeing to be identified as a carer on your medical records.

As a carer you can also self-refer or be referred to Caring for Carers at Improving Lives Plymouth (Plymouth) or Devon Carers (South Hams). These services can provide you with a carers’ assessment, information, advice, peer support and other support as needed including a regular newsletter and Carers Alert Card. Self-referral can be made using the contact details at the bottom of the form. If however you would like to be referred to either of these services, please tick the consent boxes where indicated.

|  |  |  |  |
| --- | --- | --- | --- |
| **Carers Information** | | | |
| Name of GP surgery |  | | |
| Title and Full Name |  | | |
| Address including postcode |  | | |
| Telephone number |  | | |
| Date of Birth |  | | |
| Email Address |  | | |
| Are you ex-armed forces or did you complete national service? | Y/N | Service Number |  |
| Who do you care for? | Relative, child, neighbour, partner, husband, wife etc. | | |
| **Information about the person who is being cared for** | | | |
| Title and Full Name |  | | |
| Address including postcode |  | | |
| Telephone number |  | | |
| Date of Birth |  | | |
| Are you ex-armed forces or did you complete national service? | Y/N | Service Number |  |
| Disability/Illness or Condition |  | | |

**Carers Signature: ............................................................ Date: ................................................**

**CONSENT** to refer to Caring for Carers or Devon Carers. In giving consent you agree for your details and details of the cared for person being shared with the caring agency, their partners and Plymouth City Council and/or South Hams District Council. Please note that your details will be treated in the strictest confidence and in accordance with General Data Protection Regulation (GDPR)

□ Please tick box for consent to refer to Caring for Carers, Improving Lives Plymouth, Plymouth  
□ Please tick box for consent to refer to Devon Carers, Devon

**Plymouth:** Patient - please return this form to your local practice or send the scanned copy to [beaconmedicalgroup@nhs.net](mailto:beaconmedicalgroup@nhs.net)

Please scan to patient record and post or email the completed consented form to: Caring for Carers, 156 Mannamead Road, Plymouth, Devon, PL3 5QL Telephone: **01752 201890**  
Email: [caringforcarers@improvinglivesplymouth.org.uk](mailto:caringforcarers@improvinglivesplymouth.org.uk)

**South Hams:** Please scan to patient record and send form to social prescribers to make referral to Devon Carers. Telephone: **03456 434 435** Email: [info@devoncarers.org.uk](mailto:info@devoncarers.org.uk)

**REFERRAL BY:**

|  |  |
| --- | --- |
| Name of person referring |  |
| Organisation |  |
| Email |  |
| Telephone Number |  |
| Signature |  |