



CARERS IDENTIFICATION FORM

**DO YOU LOOK AFTER SOMEONE WHO THROUGH ILLNESS, DISABILITY
OR FRAILTY CANNOT MANAGE WITHOUT YOU?**

If so, you are a carer and we would like to support you.

Your Details (Carer)	Details of the Person You Look After
Name:	Name:
Address including Postcode:	Address including Postcode: (if different from your own)
Contact Details:	Contact Details: (if different from your own)
Mobile:	Mobile:
Home:	Home:
Email:	Email:
Name of GP:	Name of GP:
Your relationship to the cared for person:	Brief description of health issues :

Carers Bucks, Slough Carers and Burnham Health Promotion Trust (BHPT) are registered charities providing relevant information and advice, local support services, newsletters and telephone helpline etc. to Carers.

I consent to your sharing my details with them so they can contact me about the services and support they may be able to provide. **Yes** **No**

I further consent to my data being held under the Data Protection Act 2018 and under General Data Protection Regulations 2018 **Yes** **No**

Please sign and date this form to confirm the details above are correct and return it to a member of Burnham Health Centre/BHPT staff:

Signed Date.....