

Hartlepool Carers Registration Form

CARER DETAILS

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Name:				
Carers Address:				
Postcode:				
Date of Birth:				
Contact Telephone Number/s:	Landline:	Mobile:		
E-Mail Address:				
Council Ward:				
GP Practice Details:				
School/College/University attending (if applicable)				
Ethnicity i.e. White British:				
Who do you care for?	Spouse/Partner		Friend	
	Child over 18		Parent	
	Child under 18		Other family member	
	Neighbour		Other	
What is the reason you care for the person above?	Autism			
	Learning Disability			
	Mental Health			
	Physical Disability			
	Sensory Loss			
	Complex needs (more than 1 condition above)			
Other				
Hartlepool Carers need your permission to hold and process the data supplied on this form. Be assured we will have regard to prevailing data protection principles and we have a Data Protection Policy and a Data Protection and Freedom of Information Processing Procedure, which encourage you to review on our website. Please tick Yes or "no" to all the following statements (N.B. "No" may mean we cannot support you)			YES	NO
I agree to Hartlepool Carers processing the information I have provided on this form for the purposes of providing the full range of services offered by Hartlepool Carers.				
I agree to Hartlepool Carers using relevant information I have provided in this form to allow them to work with other organisations to support the care/support programs provided.				
I agree to Hartlepool Carers securely storing relevant information I have provided.				
I agree to Hartlepool Carers supplying funders of the service (e.g. Councils, Charity Foundations) your anonymized data which demonstrates the effectiveness of this service and allows them to monitor our adherence to contractual obligations.				
I agree for Hartlepool Carers to take photographs for the use of promotional and advertisement needs of the organisation. I understand that photographs may be used on social medias a means of advertising.				
Referred by:		Date:		
Carers Signature:		Date:		
How did you hear about us?				