

Do you support someone?

Let your GP know.




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Does someone rely on you? Do you provide support to a family member or a friend who can't manage without you? This could be caring for a relative, partner or friend who is ill, frail, disabled or is affected by mental ill-health or substance misuse. You may be a young person under 18 who is caring for someone.

Why should I let my surgery know I am a carer?

When you are a carer it is often difficult to have a real break or time off for yourself. You can get tired and run down, and your own health may suffer, but you don't have to suffer alone as help and support is available. Tell your GP that you are a carer and **ask to be put on the carers' register**. In most cases the surgery can:

- let you know about local carers' support services
- arrange flexible appointment times to meet your needs
- refer you for a carers' assessment which look at how caring affects your life, including health issues
- give you a free flu vaccination
- provide you with a health check if you are aged over 45 years.

If you wish to be registered as a carer, please complete the attached form and give it to reception or post it to us. It will be treated in confidence.

For information about local carers support contact:

- Slough Bough Council Adult Social Care Team on 01753 475111
- Berkshire Healthcare Foundation Trust, Community Mental Health Team/New Horizons on 01753 690950, if you supporting a person with mental health problem or dementia
- Slough Carers Support Service on 01753 303428 or sloughcarers@gmail.com

For young carers contact:

- The Young People's Service on 01753 875510 or youngcarers@slough.gov.uk



Carers identification and consent form

Do you look after someone - a relative, friend or neighbour who is ill, frail or disabled and is unable to or has difficulty looking after themselves? Do you give support to someone who has mental health needs or misuses alcohol or drugs?

If you answered yes, it means you are a carer and by registering as a carer with the practice, you could be eligible for more support.

Please complete this form and give it to reception at your GP surgery.

Carers details:

Surname: Forename:

Address:

Home no: Mobile no:

Email:

Relationship to person cared for:

I live with the person I care for: Yes No

I am their next of kin: Yes No

I am their emergency contact: Yes No

I am their main carer: Yes No

I am in employment: Yes No

I am in full time education: Yes No

If I have a health problem I may need the practice to see me during limited times or to provide a home visit: Yes No

I give consent to being registered as a carer with this practice
(signature of parent or guardian required if you are under 18 years old):

Signed: Date:

Details of person cared for:

Surname:

Forename:

Address:

.....

.....

.....

Home no:.....

Mobile no:

Email:

.....

I give consent for my contact details to be recorded on my carer's medical records:

Signed:

.....

Date:

.....

If you would like assistance with the translation of the information in this document, please ask an English speaking person to request this by calling 01753 xxxxxx.

यदि आप इस दस्तावेज में दी गई जानकारी के अनुवाद किए जाने की सहायता चाहते हैं तो कृपया किसी अंग्रेजी भाषी व्यक्ति से यह अनुरोध करने के लिए 01753 XXXXXX पर बात करके कहें।

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿਚਲੀ ਜਾਣਕਾਰੀ ਦਾ ਅਨੁਵਾਦ ਕਰਨ ਲਈ ਸਹਾਇਤਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਸੇ ਅੰਗਰੇਜ਼ੀ ਬੋਲਣ ਵਾਲੇ ਵਿਅਕਤੀ ਨੂੰ 01753 XXXXXX ਉੱਤੇ ਕਾਲ ਕਰਕੇ ਇਸ ਬਾਰੇ ਬੇਨਤੀ ਕਰਨ ਲਈ ਕਹੋ।

Aby uzyskać pomoc odnośnie tłumaczenia instrukcji zawartych w niniejszym dokumencie, należy zwrócić się do osoby mówiącej po angielsku, aby zadzwoniła w tej sprawie pod numer 01753 xxxxxx.

Haddii aad doonayso caawinaad ah in lagu turjibaano warbixinta dukumeentigaan ku qoran, fadlan weydiiso in qof ku hadla Inriis uu ku Waco 01753 XXXXXX si uu kugu codsado.

اگر آپ کو اس دستاویز میں دی گئی معلومات کے ترجمے کے سلسلے میں مدد چاہئے تو، براہ کرم ایک انگریزی بولنے والے شخص سے 01753 xxxxxx پر کال کر کے اس کی درخواست کرنے کے لئے کہیں۔

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