

Solihull Young Carers & Young Adult Carers

Registration Form

(Please complete this form as fully as possible)

We cannot accept registration forms until you have gained full informed consent.

(GDPR Declaration)

I have been given consent from the parent/guardian or carer (18+) to share the enclosed details with Carers Trust Solihull. I have used the privacy notice below to ensure they have made an informed decision and are aware of how their information will be held and stored.

Signed Date.....
(An email address can be used as an electronic signature)

Privacy Notice – How we use your information

We are a service that provides information, advice and support to unpaid carers of all ages in Solihull. To be able to carry out our work we are required to hold up to date personal information. We hold all the identifiable information you share with us and records of activity your child undertakes with us.

Important!

We will never share identifiable information without your consent, including names, contact details or medical information. The only exception to this would be if somebody is at risk of significant harm to themselves or others, or if a crime is committed. You can request to see information we hold, in writing.

Sharing Information

Although we minimise information we hold, paper documents will be kept securely locked. We hold any information shared on this form on our Data Management System (Charity Log) which is securely password protected.

Who and how it is shared

We are required to submit monitoring forms to funders about our work with carers. We will never share personal information that in any way identifies you or the person who requires care. To maximise support for you, we may also share information with other professionals about your engagement, only in your best interest and with your consent.

Referrer Details

Name	
Date	
Job Title/Place of Work	
Telephone Number & Email Address	
Relationship to carer	
Is the young person aware that you are making this registration? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What are their views?	

Young Person being registered (carer)

Title	
Name (Forename & Surname)	
Date of Birth	
Age	
Gender	
Address	
Postcode	
Where did you hear about us	
Mobile Telephone Number – Parent/ Guardian	
Mobile Telephone Number - Carer	
Landline Telephone Number	
Carers Email	
Ethnicity	
GP Surgery	
School/ College	
Employment or Training	
Parent/Guardian Name	
Parent/Guardian Email	
Any Medical conditions of Carer	

Details of siblings and/or other relatives living in the home

How many total adults living in the household?	
How many total children living in the household	
*Explore if other family members are eligible/ want to be registered *	

Cared For

Do they care for more than one individual?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are they the main carer in the household?	
Cared for(s) (Title, Forename, Surname)	
Lives with the carer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address & Postcode	
Telephone	
Relationship to the carer	
Condition of cared for(s). <ul style="list-style-type: none"> <input type="radio"/> Wheelchair <input type="radio"/> Arthritis <input type="radio"/> Autism <input type="radio"/> Breathing <input type="radio"/> Cancer <input type="radio"/> Dementia <input type="radio"/> Diabetic <input type="radio"/> Parkinson's <input type="radio"/> Sight <input type="radio"/> Learning <input type="radio"/> Epilepsy <input type="radio"/> Frail <input type="radio"/> Hearing <input type="radio"/> Heart <input type="radio"/> Kidney <input type="radio"/> MH <input type="radio"/> MS <input type="radio"/> Stroke 	Other How does the condition affected the person being cared for?
Cared for Date of Birth	
Cared for Ethnicity	
Same GP as Carer	Yes <input type="checkbox"/> No <input type="checkbox"/>
GP Surgery if different from Carer	

Details of any agencies working with the family

Agency	Contact Name and Telephone/Email	Service Provided and to whom

Additional Information

Is there any risk, in terms of lone working to staff?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the young person's place of education or employment know that they are a carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any educational/ employment concerns (poor attendance, deadlines etc.)?	
Has the family had any local authority intervention? (Engage, Childrens, Adults or Disability team) Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any further information: Is there anything else that you think we need to know about this family? Please continue on a separate sheet if necessary	

Via email to youngcarers@solihullcarers.org or yac@solihullcarers.org or post (**please mark Private and Confidential**) to:

YOUNG CARERS TEAM
Carers Trust Solihull
Solihull Fire Station Annexe
620 Streetsbrook Road
Solihull, B91 1QY

If you have any enquiries, please contact Young Carers Team at Carers Trust Solihull on **0121 788 1143**

