|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Primary/Main Carers Personal Details** | | | | | |
| **Title** |  | **First Name** |  | **Surname** |  |
| **Home Address** |  | | | | |
| **Area** |  | | | **Post Code** |  |
| **Contact Number** |  | | | | |
| **E-mail Address** |  | | | | |
| **DOB** |  | | | **Ethnicity** |  |
| **Languages Spoken (including signed languages)** |  | | | | |
| **Language Read** |  | | | | |
| **Relationship to person Cared for** | |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Personal Details of Cared for Person** | | | | | | |
| **Title** | |  | **First Name** |  | **Surname** |  |
| **Home Address** | |  | | | | |
| **Area** | |  | | | **Post Code** |  |
| **Contact Number** | |  | | | | |
| **E-mail Address** | |  | | | | |
| **DOB** | |  | | | **Ethnicity** |  |
| **Languages Spoken** | |  | | | | |
| **Language Read** | |  | | | | |
| **Relationship to Carer** | |  | | | | |
| **Information about LD/ Autism** | |  | | | | |
| **Any other information** |  | | | | | |

|  |  |
| --- | --- |
| **Services you are interested in**  (please tick/ highlight any services that you would like to know more about or wish to receive support with) | |
| Booking the appointment at the GP Practice |  |
| Completing the Pre Assessment Health Form |  |
| Getting to the Appointment |  |
| Support During the appointment |  |

|  |  |
| --- | --- |
| **If you would like to attend an advertised Workshop/ Information session, please complete the following** | |
| Date of session |  |
| Title of session |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Person Completing Form** | | | | | | |
| **Is this a self-referral** | Yes | | | No | | |
| **How did you hear about us? (please circle)** | **Facebook** | **Twitter** | **Website** | **GP** | **Social Services**  **Team** | **Schools** |
| **If you are filling out this form on behalf of a Family carer, please complete the following:** | | | | | | |
| **Name** |  | | | **Role** |  | |
| **Place of work** |  | | | **Contact Number** |  | |
| **E-mail Address** |  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GP Details** | | | | | |
| **Title** |  | **First Name** |  | **Surname** |  |
| **Address** |  | | | | |
| **Area** |  | | | **Post Code** |  |
| **Contact Number** |  | | | | |

***By completing this form, you are consenting to Sheffield Mencap and Gateway processing your personal data. This includes using it to provide you with services, contacting you regarding the services, storing your data safely and accurately, and securely disposing of your data after you stop using our services. A copy of our Data Protection & Privacy Policy and Privacy Statements are available on request. For our Keep In Touch service we will also share personal data with our partners in the project, Sheffield Carers Centre.***

**Please return this form to:**

**By e-mail:** [**carersprojects@sheffieldmencap.org**](mailto:carersprojects@sheffieldmencap.org)

**By Post: Sheffield Mencap and Gateway**

**Norfolk Lodge**

**Park Grange Road**

**Sheffield S2 3QF**

**If you require any support to complete this form please contact the team on 0114 276 7757**