**C:\Users\sairajabin\Pictures\Mencap Logo.pngSupporting Family Carers: Join the Sharing Caring Project**

Please add my details to the Sharing Caring Project/Sheffield Mencap mailing and email list so that I can receive information about any useful events and support.

**Date** Click here to enter text.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details for Main Carer 1 (e.g. mum, dad, sibling, grandparent)** | | | | | | | | | | | | | | | | | | | | | | |
| Title | Choose an item. | | | | | First Name | | Click here to enter text. | | | | | | | | Surname | | | Click here to enter text. | | | |
| Address | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | |
| Area | | Click here to enter text. | | | | | | | | | | Post Code | | | | | Click here to enter text. | | | | | |
| Home Phone | | | | Click here to enter text. | | | | | | | | Mobile | | | Click here to enter text. | | | | | | | |
| Email address | | | | | Click here to enter text. | | | | | | | | | | | | | Date of Birth | | | | Click here to enter text. |
| Ethnicity | | Click here to enter text. | | | | | | | | | Relationship to person cared for | | | | | | | | Click here to enter text. | | | |
| Languages Spoken | | | | | | | Click here to enter text. | | | | | | Languages Read | | | | | | Click here to enter text. | | | |
| How do you prefer to be contacted? | | | | | | | | | Phone  Text  Email  Post  Any | | | | | | | | | | | | | |
| **Personal Details for Carer 2 (e.g. mum, dad, sibling, grandparent)** | | | | | | | | | | | | | | | | | | | | | | |
| Title | Choose an item. | | | | | First Name | | Click here to enter text. | | | | | | | | Surname | | | Click here to enter text. | | | |
| Address | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | |
| Area | | Click here to enter text. | | | | | | | | | | Post Code | | | | | Click here to enter text. | | | | | |
| Home Phone | | | | Click here to enter text. | | | | | | | | Mobile | | | Click here to enter text. | | | | | | | |
| Email address | | | | | Click here to enter text. | | | | | | | | | | | | | Date of Birth | | | | Click here to enter text. |
| Ethnicity | | Click here to enter text. | | | | | | | | | Relationship to person cared for | | | | | | | | Click here to enter text. | | | |
| Languages Spoken | | | | | | | Click here to enter text. | | | | | | Languages Read | | | | | | Click here to enter text. | | | |
| How do you prefer to be contacted? | | | | | | | | | Phone  Text  Email  Post  Any | | | | | | | | | | | | | |
| **Person You Care For – (optional to write name but it helps to know if you are caring at home)** | | | | | | | | | | | | | | | | | | | | | | |
| Title | Choose an item. | | | | | First Name | | Click here to enter text. | | | | | | | | Surname | | | Click here to enter text. | | | |
| Date of Birth | | | Click here to enter text. | | | | | | | Their relationship to main carer e.g. son | | | | | | | | | | Click here to enter text. | | |
| Please tick all  that apply | | | | | | | Learning Disability  Autism Spectrum  Physical Disability  Sensory Impairment  Other, please state Click here to enter text. | | | | | | | | | | | | | | | |
| Where do they live? | | | | | | | At home with family  Own home/tenancy with regular support  Supported Living Scheme  Own home/tenancy – no paid support  Sheltered Accommodation  Key ring scheme  Other …………………………………………………………………………………… | | | | | | | | | | | | | | | |
| Out of city  Nursing care  Registered care | | | | | | |
| **If you care for more than one person, please write their details in the ‘anything else’ section** | | | | | | | | | | | | | | | | | | | | | | |
| Carers in SheffieldWe also work as part of the Carers in Sheffield service. Please tick the box If you DO NOT want us to pass on your contact details to join their mailing list and receive their regular newsletter. | | | | | | | | | | | | | | | | | | | | | | |
| **What are you interested in** | | | | | | | | | | | | | | | | | | | | | | |
| Would you like more information about the regular carer support groups we run? | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| Would you like to be added to our ‘emergency list’ to be contacted by us in an emergency (e.g. severe | | | | | | | | | | | | | | | | | | | | | | |
| snow) to check how you are coping and if we can link you to additional help? | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| Would you like to be added to our ‘emergency list’ to be contacted by us in an emergency (e.g. severe snow) to check how you are coping and if we can link you to additional help? | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| Sharing Caring Project regularly lobbies on behalf of families and is part of the umbrella group, FLASh, who link with the Family Carer Reps on the Partnership Board and other forums to advocate on behalf of people with a learning disability and/or autism and their families. Barbara Thompson is the Carer RepsSupport Worker and is part of Sharing Caring | | | | | | | | | | | | | | | | | | | | | | |
| Are you happy to be added to Barbara’s mailing list to keep up to date? | | | | | | | | | | | | | | Yes  No  Maybe  please contact me to discuss this | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I may be interested in the services below (please tick all that apply)** | | | | | | | | |
| Access to services and support | Carers rights & support | Emergency planning | Employment opportunities | | Finding activities for the person I care for | | Health support | Housing & Support |
|  |  |  |  | |  | |  |  |
| Mental capacity issues | Planning for future | Safeguarding & raising concerns | Support to speak up | Tranisitions | | Something else | | |
|  |  |  |  |  | | Click here to enter text. | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Anything else?: e.g. urgency of getting in touch, problems with assessment process, your needs etc | | | | | | |
| Click here to enter text. | | | | | | |
| Is this a self referral? | | Yes  No | | | | |
| If you are filling this in on behalf of a family carer, please tell us who you are, your role and how to contact you: | | | | | | |
| My name | Click here to enter text. | | | | My role | Click here to enter text. |
| Phone | Click here to enter text. | | Email | | Click here to enter text. | |
| Is the family aware that this referral has been made? | | | | Yes  No | | |

If you would like any more information about the project, please contact: Sharing Caring Project, c/o Sheffield Mencap, Norfolk Lodge, Park Grange Road, Sheffield, S2 3QF. **Tel**: 0114 2758879 **Email**: [scpoffice@sheffieldmencap.org.uk](mailto:scpoffice@sheffieldmencap.org.uk)

******Please return this form to us. You can either hand it in to the General Office at Sheffield Mencap or send it to us FREE at the following address: FREEPOST RTLA - JKSX – JCKZ, Sheffield Mencap & Gateway, Norfolk Lodge, Park Grange Road, Sheffield S2 3QF**