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| **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** |  |

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| **Services you are interested in**(please tick/ highlight any services that you would like to know more about or wish to receive support with) |
| Carers Outreach Project | Emergency Planning | Health Passport | Support with completing benefit forms | Housing Future planning |
| Workshops/ Information Sessions | Transition(child/ adult Services) | Transition (life after caring role) | Health Support | Accessing Respite |
| Thinking about the Future | Support to identify other Services | Support to access other Services | Not sure which services I need. | Other: |

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| **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** |  |

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

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| **Personal Details of secondary/ other carers** |
| **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** |  |

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| **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** |   |

***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:** **COPe@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 275 8879**