



CARERS OF EPSOM – REGISTRATION FORM

Please return completed forms to: Carers of Epsom,
The Old Town Hall, The Parade, EPSOM, Surrey KT18 5AG

CARER'S DETAILS

NAME OF MAIN CARER: (including title)

ADDRESS:

..... POSTCODE:

TEL: (Day) (Evening)

REFERRED BY:

DATE OF BIRTH OF CARER:

CARER'S DOCTOR: (Name)

(Practice)

NAMES OF ANY ADDITIONAL CARERS:

I am interested in: (please tick)

- | | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | Contact from a support worker |
| <input type="checkbox"/> | Receiving a monthly newsletter |
| <input type="checkbox"/> | Joining a support group |
| <input type="checkbox"/> | Social activities |
| <input type="checkbox"/> | Benefits information |
| <input type="checkbox"/> | Other information (please specify) |

CARED FOR PERSON'S DETAILS

NAME OF PERSON BEING CARED FOR:

RELATIONSHIP TO CARER:

DATE OF BIRTH OF PERSON BEING CARED FOR:

DISABILITY: (please tick)

- | | |
|--------------------------|----------------------|
| <input type="checkbox"/> | Physical disability |
| <input type="checkbox"/> | Mental disability |
| <input type="checkbox"/> | Learning disability |
| <input type="checkbox"/> | Elderly |
| <input type="checkbox"/> | Terminal illness |
| <input type="checkbox"/> | Other (please state) |

I understand that any information given to Carers of Epsom will be kept on a confidential computer file.

Signature:

Date:

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