

## Carers Registration Form for GP Surgery

Are you looking after or providing support for a relative friend or neighbour?

Are you being helped or supported by a relative friend or neighbour?

Your GP needs to know so that you can be offered the right information, support and access to services. GP Surgeries have to compile information for the government about the numbers of carers attached to the surgery so your information will help them to do this.

Please complete the form below and return it to your GP surgery as soon as possible.

If you would like free information about services available to support you please send the tear off slip to Carers Together at the address shown.

---

*I am a carer and look after/support a relative friend or neighbour* (please indicate as appropriate)

Name D.O.B.: ..... / ..... / .....

Address

Telephone: GP / Surgery

I give consent for my details to be shared with social services in order to have an assessment of my needs as a carer Yes / No (please circle or delete as appropriate)

Signed Date

---

*I am a person being cared for/supported by a relative friend or neighbour* (please indicate as appropriate)

Name D.O.B.: ..... / ..... / .....

Address

GP and surgery address if different from above

I give consent for my details to be shared with my carer shown above Yes / No (please indicate as appropriate)

Signed Date

---

Please tear off this slip and send to

**Carers Support Network (Hampshire)** Reception & Assessment Team, Hampshire County Council,  
Adult & Childrens Services Department, The Old Town Hall, Grosvenor Road, Aldershot, Hants, GU11 3DP  
Telephone No.: 01252 314221 Email: [kandy.redwood@hants.gov.uk](mailto:kandy.redwood@hants.gov.uk)

***Please put me on your database and send me a Carers Information Pack***

Name Telephone number

Address Email address

Caring for Relative, Friend, Neighbour (please delete as appropriate)  
Special interest or medical condition: