

# Adult Carer Registration Form



SCC services are available to unpaid Carers (i.e. you have caring responsibilities which are not through paid employment including Foster Care) who:

- live in the London Borough of Sutton (LBS) and /or;
- work in the LBS and /or;
- care for someone who lives in the LBS; or,
- as a Young Carer, live or attend a school in the LBS.

The form may seem quite long, but they contain the same questions we ask when registering you over the phone. If you have any problems or would prefer to register with a member of our team, please drop in or give us a call, or complete the form on our website [suttoncarerscentre.org](http://suttoncarerscentre.org) (accessible by scanning the QR code on page 4).

To complete your registration we need to speak to you. If you are unable to give permission for a phone call, please do not complete this form: either call us or drop into the centre and speak to a member of the team.

## About you

First Name	<input type="text"/>	Last Name	<input type="text"/>
Title	<input type="text"/>	Date of birth	<input type="text"/>
Phone 1	<input type="text"/>	Phone 2	<input type="text"/>
Email	<input type="text"/>		
Address	<input type="text"/>		
Post code	<input type="text"/>	Gender	<input type="text"/>
How did you hear about SCC?	<input type="text"/>		
Have you had a Carers Assessment? (Tick box if yes)	<input type="checkbox"/>		
If yes, insert approximate date here:	<input type="text"/>		



## Monitoring data

As a small independent charity, it is really useful for us to gain the following information for monitoring and funding purposes. Any information will only be used anonymously unless we gain your express authorisation for any other reason. Please help us by completing the following questions.

*If you prefer, we can go through them with you when we speak.*

Marital status, e.g. single, married, divorced, cohabiting etc:

Employment status, e.g. employed, F/T Carer self-employed, not working, student etc:

Housing situation, e.g. owner occupied, private rented, housing association etc:

How many people are in your household?

What is your sexual orientation?

Please note any health conditions you have yourself.

Ethnicity

Religion if applicable

Which is your GP surgery



## About your caring role

Do you care for more than one person? Please circle Yes / No

*If you care for more than one person, we will gain more details when we speak to you.*

What is your relationship of the main person you care for, e.g. child, parent, friend:

## About the person you care for

First Name

Last Name

Gender

Date of birth

If the person you does not live with you, please note their address:

What is their main health condition?

Additional information about their condition and your caring role, including additional caring roles.

## Impact of caring

Tell us how you are doing at this time:

How demanding do you feel your role is?

☐ Not much demand

☐ Quite demanding

☐ Significantly demanding

☐ Demands a lot

How well do you feel you are coping?

☐ Coping well

☐ Coping OK

☐ Not coping very well

☐ Not coping at all

How well supported do you feel by those around you?

☐ Well supported

☐ Most of the time

☐ Sometimes

☐ Not at all

Do you feel your caring situation puts you at risk or harm?

☐ No

☐ Yes



## GDPR

This section allows you to tell us how we may use your information.  
We will not share any information without your consent in advance.

We can only process your registration form if you provide permission to store your information AND contact you, so please select which options you are happy with.  
Please note that our monthly Newsletter will only be received if a valid email address is provided.

If you are concerned about the registration process, you are welcome to contact us on 020 8296 5611 to discuss how we may be able to help.

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Do we have your consent to store your information? Yes ☐ No ☐

Consent to share sensitive/personal data with Funders or Partners for monitoring purposes Yes ☐ No ☐

Which contact methods are you happy for us to use? Please check all that apply: Phone ☐ Email ☐

Consent to leave a voicemail ☐ SMS/Text ☐ Post ☐

## Any other information

Include any support you feel you need at this time.

Thank you for completing your details.  
Please send your completed form using the address or email below.

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### Sutton Carers Centre

**Address:** Benhill House, 12-14 Benhill Avenue, SM1 4DA

**Tel:** 020 8296 5611 / **Email:** [enquiries@suttoncarerscentre.org](mailto:enquiries@suttoncarerscentre.org)

**Open times:** Monday to Friday 10am - 5pm, Tuesdays until 8pm

**Website** [www.suttoncarerscentre.org](http://www.suttoncarerscentre.org) (scan QR code to access)

