

## Carer Registration Form

To the Practice Manager [or relevant lead] at

Practice,

I am writing to request that I am registered as an unpaid carer.

**My details are as follows:**

Name	
Date of birth	
NHS Number (if known)	
Address	
Postcode	
Preferred contact number	
Email address	
Your relationship to the person you support	

**The details of the person I support are:**

**(Please leave blank if person you care for does not provide written consent - as below - for their details to be shared)**

Name	
Date of birth	
NHS Number (if known)	
Address	
Postcode	

Signature of Carer

Date:

I confirm that the person above does provide support to me, and I consent to my details being shared.

Signature of Person I support

Date: