

**CARER DETAILS**

TITLE / FULL NAME: ..... DATE OF BIRTH: .....

ADDRESS: .....

POSTCODE: ..... TELEPHONE: .....

EMAIL: .....

**I CARE FOR MY: (please tick box(s))**

HUSBAND  WIFE

SON  DAUGHTER

FATHER  MOTHER

OTHER: ..... (please state relationship i.e. aunt, uncle, friend, etc)

**ETHNIC ORIGIN: (please tick box)**

UK (White British)  BANGLADESHI

AFRO CARIBBEAN  PAKISTANI

ASIAN  INDIAN

EUROPEAN / OTHER – please specify  .....

WHAT IS YOUR FIRST LANGUAGE ..... RELIGION .....

**DETAILS OF PERSON BEING CARED FOR:**

NAME: ..... DATE OF BIRTH: .....

ADDRESS: ..... TEL NO .....

AGE GROUP: (please tick box(s)): 0-17  18-64  65+

NATURE OF DISABILITY / DISABILITIES: .....

IS A WHEELCHAIR USED? YES NO

GP SURGERY .....

How did you hear about the Carers' Centre? .....

\* I do / do not object to this information being stored on a database \*This is a protected database.

\* I do / do not give my permission for my details to be passed to relevant authorities in the event of referrals.  
E.g. Social workers, One off direct payments, etc.

Signed ..... Date: .....

Office use only: Fact File  Key Fob Info.  Carers' Friend  Council Tax

Walsall Carers Centre  
The Crossing at St. Pauls, Darwall Street, Walsall  
WS1 1DA