

## Aberdeenshire Carer Support Service Carer Registration Form

### Your Details

Mr/Mrs First Name: ..... Surname: .....

D.O.B. .... Current Age: ..... Gender: .....

Any communication needs: .....

Address: .....

Postcode: ..... Email address: .....

Landline Number: ..... Mobile Number: .....

Preferred Contact Method (*please tick one*) : Post  Email  Phone  Mobile

Your GP Practice: .....

### Equality and Diversity monitoring (*Leave blank anything you do not wish to share*)

Sexual Orientation: ..... Ethnicity: .....

Nationality: ..... First Language: .....

Interpreter Required: Yes  No  Religion: ..... Marital Status: .....

Referral Details Referred by: Self  Agency

How did you hear about Quarriers? .....

Referrer name: ..... Organisation: .....

Contact Address (*if known*): .....

Contact Number: ..... Email: .....

### About the person you care for

Name: ..... Date of Birth: .....

Address (if different from above): .....

Relationship to carer: .....

Gender: Male/Female Religion: ..... Ethnicity: .....

Nationality: .....

Consent to share their details? Yes  No  Does not have capacity

### Details of Health/Medical issues:

(e.g. Frail/Elderly/Dementia/Physical or Learning Disability/Substance Misuse/Mental Health/Epilepsy/condition etc)

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.....

**Services currently involved in supporting you and/or the person you care for:**

District Nurse/Day Care/Health Visitor/Respite/Home Care/other (circle as appropriate)

**Detail of other services:** .....

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**Do you care for more than one person?** Yes  No

If yes, please provide further details (e.g. name, address, date of birth, condition, supports in place):

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**How we use your information**

Registering with the Carers Service means your details will be held on our database, and you'll receive newsletters and mailings from us, by post and electronically (depending on your preferences) with information that may be relevant and interesting to you in your role. We don't share your details with other agencies, but may occasionally mail information on their behalf where it's of interest to carers.

We need your permission to use your data, so would ask you to respond to the following:

I agree to have my data recorded on the Quarriers database and used to enable mailings and contact from Quarriers to support me in my role

Agree  Disagree

I agree to have my anonymous data shared with Scottish Government via the Carers Census

Agree  Disagree

For more information about how Quarriers uses personal data, see the Privacy Notice on our website, at [www.quarriers.org.uk](http://www.quarriers.org.uk), or ask your Family Wellbeing Worker.

**Carer's Signature** ..... **Date** .....

NB. If you received and are returning this form via email you do not need to physically sign it. You can simply type your name and date above and email it to: [aberdeenshircarers@quarriers.org.uk](mailto:aberdeenshircarers@quarriers.org.uk)

If you are returning the form by post please sign and send it to:  
**Quarriers Aberdeenshire Carer Support Service, Wardes Road, Inverurie, AB51 3TT**

**What Happens Next?**

Once you have completed and returned this form you will be contacted by one of our Family Wellbeing Workers who will explain what the service is here for and explore the ways in which we can support you in your caring role. If you do not hear from us within two weeks of returning your form please contact us again on 01467 538700.