**CARERS REGISTRATION FORM**

Do you without payment give help and support to someone who is ill, frail, disabled or mentally ill?

If so you are a Carer and we would like to support you.

At Clarendon Lodge, we organise an annual event for carers, offer seasonal influenza vaccinations and forward any information we have that might be helpful to you.

Please complete this form and hand it in to reception. Thank you.

**YOUR DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Address |  |
| Telephone number |  |
| Email address |  |
| Are you happy for us to contact you by email? (newsletters, events, etc.) |  |
| Relationship to person you look after |  |
| Any relevant information |  |

**DETAILS OF THE PERSON YOU LOOK AFTER**

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Address (if different from above) |  |
| Telephone number  (if different from above) |  |
| Illness/disability for which care is needed |  |