**The person/people I care for is/are my …………………………………….**

**parent(s)**□ **parent(s)-in-law**□ **husband**□ **wife**□ **partner**□ **daughter**□ **son**□ **other** **family member**□ **friend**□ **neighbour**□

(Please tick the relevant box)

**The person I care for is registered with the same practice as I am**  **Yes** □ **No** □

**If No, please give the address of the surgery or the name of the GP who treats the person you care for:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who gave you this form?\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**USEFUL INFORMATION**

Carers UK helpline – 0808808777

Kettering Carers Centre 01536 414529

Helpline 414441 (24 hours)

Benefits Jobcentre Kettering 01536 431000

Full information available through Countywide Directory of Service

Web site [www.caringnorthants.org.uk](http://www.caringnorthants.org.uk)

[www.kettering.gov.uk](http://www.kettering.gov.uk)

[www.carers.gov.uk](http://www.carers.gov.uk)

**PERSONAL CARE SERVICES**

Provide assessment and care management services to adults with a variety of needs. Can arrange care packages and referrals to other agencies as well as Carer Assessments.

Care Management Team, Kettering & Corby

Grafton Court

Kettering Parkway

Kettering Venture Park

Kettering NN15 7PQ

Tel 01536 313110

Fax 01536 313115

***Burton Latimer Medical Centre***

Letting your GP

 know that

 you are a carer

(This does not include people employed to provide care.)

**Does someone at home or in the neighbourhood depend on you to help with the tasks and/or responsibilities of everyday living? Perhaps you care for someone in the family or for a friend?**

**If so, you are carer and might like some support for yourself.**

You may have been caring for the person for some time already, regularly helping them with everyday tasks or giving them the sort of support they need to stay in the family home.

You may see it as a part of your life or your duty to care for your Mum or Dad, your partner, your child or friend, but there may be times when you need information, advice or some extra help.

When you are a carer it is often difficult to have a real break because someone depends on you to look after them. You can get tired and run down, and your health may possibly suffer.

Telling your Surgery can help them to support you and make sure that you yourself get the right sort of care. **Y*ou* are important too,**

Your Surgery is trying to trace all those patients who are carers and set up a carers’ register. This will mean that carers like you are known to the surgery and steps are taken to support them.

 **If you want your doctor to know that you are a carer, fill in the form opposite and hand it in at the practice.** **Then** **your name can be added to the Carers’ Register.**

Burton Latimer Medical Centre

Telephone: 01536 723566

Fax 01536 420226

**Carers’ Register**

 I am a carer. I want my name to go onto my GP’s Carers’ Register and give permission for this to be noted on my medical records.

**My name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **My GP/surgery is:**\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **I care for the following:**

**Name(s):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_