



London Borough  
of Hounslow

## Carer's Register Application Form

Please complete this form if you wish to join our Carer's Register.

Once registered you will get advice and information about what services are available for Carers in Hounslow.

We may contact you from time to time to ask for your views on the quality of these services and use this information to improve them.

For more information please visit: [www.hounslow.gov.uk](http://www.hounslow.gov.uk)



**Your name:** (Mr/Mrs/Miss/Ms) .....

**Date of Birth:** ..... / ..... / .....

**Address:** .....

**Telephone:** (Day) ..... (Evening) .....

**Mobile:** ..... **E-mail address:** .....

**GP's name:** ..... **GP's telephone:** .....

**GP's address:** .....

**1. What is your gender identity?**

- Male     Female     Prefer not to answer
- I would prefer to describe myself as: .....

**2. What is your sexual orientation?**

- Heterosexual     Homosexual     Bisexual
- Prefer not to say

**3. I would describe my ethnic background as (Please (✓) 1 box)**

**White**

- British
- Irish
- Eastern European
- Other White background  
(please specify) .....

**Black or Black British**

- African
- Caribbean
- Other Black background  
(please specify) .....

**Other ethnic background**

- Chinese
- Vietnamese
- Middle Eastern
- Gypsy/Traveller/Romany
- Any other ethnic background  
(please specify) .....

**Asian or Asian British**

- India
- Pakistani
- Bangladeshi
- Afghanistani
- Other Asian background  
(please specify) .....

**Mixed Race**

- White & Asian
- White & Black African
- White & Black Caribbean
- Other Mixed Race background  
(please specify) .....

**Prefer not to answer**

- Prefer not to answer

4. **Is English your first language?**

Yes  No

5. **Do you speak any other languages?**

Yes  No

(If yes, please specify) .....

4. **Do you suffer with any long-term health problems?**

Yes  No

5. **Do you have a disability?**

Yes  No

(If yes, please specify) .....

6. **Please (✓) the box/es which best describe the person you care for.**

Elderly or Frail

Has a mental health problem

Has a drug or alcohol problem

Has a physical disability

Has a learning disability

Has a sensory disability

Has a mental health problem

A child with a disability

Other (please specify)

.....

7. **How is the person you care for related to you? (e.g. if the person you care for is your wife, please tick 'wife')**

Husband

Wife

Fiance

Partner

Father

Mother

Son

Daughter

Brother

Sister

Friend

Neighbour

8. **How long have you been a Carer?**

..... Years ..... Months

9. **Does your GP/Doctor know you are a Carer?**

Yes  No  Not sure

10. **Is information about your caring role included in your medical notes?**

Yes  No  Not sure

**11. Have you had a Carer's Assessment?**

Yes  No

**12. Do you get any help with your caring role? (e.g. from a nurse, community services, voluntary organisation, family or friends)**

Yes  No

(If yes, please specify) .....

**13. How would you prefer us to contact you?**

Email  Letter  Telephone

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Thank you for taking the time to complete this form. Please return it to us at:

**Wellbeing and Involvement  
Community Services  
Civic Centre  
Lampton Road  
Hounslow TW3 4DN**

We will contact you within 2 weeks of receiving your form to let you know you have successfully joined our Carer's Register.

If you do not hear from us please get in touch by email, [carers@hounslow.gov.uk](mailto:carers@hounslow.gov.uk) or call **020 8583 3022**.

For more information you can also visit our website, [www.hounslow.gov.uk](http://www.hounslow.gov.uk)

Please return completed form to:

**Wellbeing and Involvement  
Community Services  
Civic Centre  
Lampton Road  
Hounslow TW3 4DN**

For more information, or if you have any questions about the Carers Register, please contact us on:

**Tel: 020 8583 3022**

**Email: [carers@hounslow.gov.uk](mailto:carers@hounslow.gov.uk)**

Community Services  
London Borough of Hounslow  
Civic Centre, Lampton Road  
Hounslow TW3 4DN

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

**Translations and accessible formats:**

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अनुवाद की मुफ्त सेवा उबरसभे दी भुद्धत सेवा

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