

CONSENT FOR NAME TO BE ON CARER LIST

Medical Practices and Down Lisburn Trust want to improve services to people who look after friends or relatives on a regular basis. We are inviting these carers to let us know if they wish their name to be held on the Doctor's computer and/or on a list held by Down Lisburn Trust Carers Development Officer. This list will be used for the purpose of contacting carers about new services, information, support, carer events, etc. If you wish your name to be included on the carers list, please complete your details below:

Carers Name _____

Carers Address _____

_____ Postcode _____

Telephone _____ Date of Birth _____

GP Name _____ GP Phone no _____

1) I **agree/do not agree** to my details being held on computer for my Doctor's information.

Signature _____ **Date** _____

2) I **agree/do not agree** to my details being held by the Carers Development Officer at Down Lisburn Trust.

Signature _____ **Date** _____

The person I **care for** is aged: 17yrs or under 18-64yrs 65yrs or over

Their main illness or difficulty is: Physical Learning
Sight/Hearing Mental Illness

They live in/near: Hillsborough Dunmurry Lisburn
Newcastle Downpatrick Ballynahinch
Outside Down Lisburn Trust area

It is a requirement that any personal information we hold is accurate and up to date. We are therefore depending on you to let us know of any changes to the information provided. If at any time you do not wish us to continue to hold your details please let us know.

Completed forms should be returned to:

Joan Scott Carers Development Officer, Down Lisburn Trust,
Ballynahinch Community Services, 45-47 Main Street, Ballynahinch,
BT24 8DN

OR

Your Doctor's receptionist