

Register as a Carer Form

Fields marked with an asterisk (*) are compulsory.

Please complete this form if you look after a family member or friend who is unwell, disabled, or frail. If you care for more than one person, please fill in one form per person you care for. By letting us know if you are a carer, we can help provide you with further advice and information.

Carer Details

Title (Mr. Mrs. etc.)	<input type="text"/>	*Date of Birth	<input type="text"/>
*Surname	<input type="text"/>		
*Forename(s)	<input type="text"/>		
*Address	<input type="text"/>		
<input type="text"/>			
<input type="text"/>		Postcode	<input type="text"/>
*Phone	<input type="text"/>	Mobile	<input type="text"/>
E-mail	<input type="text"/>		

Details of Person Being Cared For

Title (Mr. Mrs. etc.)	<input type="text"/>	*Date of Birth	<input type="text"/>
*Surname	<input type="text"/>		
*Forename(s)	<input type="text"/>		
*Address	<input type="text"/>		
<input type="text"/>			
<input type="text"/>		Postcode	<input type="text"/>
What relation is the person you care for? <input type="text"/>			

Are they a patient of Felmores or Long Riding?

☐ Yes

☐ No