

**ARE YOU A CARER?  
DO YOU LOOK AFTER SOMEONE WHO IS ILL,  
FRAIL OR HAS A DISABILITY?**

**PLEASE COMPLETE THIS FORM TO BE ADDED TO  
THE CARERS REGISTER  
(You must be registered at The Dorchester Road Surgery)**

**CARER'S REGISTRATION FORM**

**Your Details:**

Full Name & Title:	
Date of Birth:	
Address:	
Postcode:	
Home Telephone Number:	
Mobile Telephone Number:	
Type of Care:	

**Details of the Person You Look After:**

Full Name & Title:	
Date of Birth of the Person you Look After:	
Address (if different from above):	
Postcode:	
Home Telephone Number (if different from above):	
Mobile Telephone Number (if different from above):	
Name of GP and Surgery Name (of the person you look after):	

**Please send me a "Carer's Information Pack"**

*Thank you for completing this form – please return to the surgery*