

## CONSENT FOR NAME TO BE ON CARER LIST

Belfast Health & Social Care Trust wants 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 a list held by the Trust. This list will be used for the purpose of contacting carers about 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 (Print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Carers Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Please indicate which **Ethnic Group** you consider you belong to (eg White, Chinese, Irish Traveller, Mixed) \_\_\_\_\_

Please indicate your **Nationality** (eg Latvian, Lithuanian, Polish) \_\_\_\_\_

Preferred **Language** \_\_\_\_\_

**Please sign as appropriate Section 1 OR 2 below**

**1) I agree to be added to the Belfast HSC Trust Carer List**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**2) I have received verbal consent from this Carer to be added to the Belfast HSC Trust Carer List.**

**Name of Staff Member (please print)** \_\_\_\_\_

**Staff Member 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:**

North Belfast  South Belfast  East Belfast  West Belfast   
Other \_\_\_\_\_

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: Carer Support Service, Floor 3, Arches H&WB Centre, 1 Westminster Avenue North, Belfast BT4 1NS**

[CarerSuppSvcs@belfasttrust.hscni.net](mailto:CarerSuppSvcs@belfasttrust.hscni.net)