Care for Carers
Supporting those who care for others

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Membership Form

Please complete this form and we will do the rest.
Many questions are asked for by our funders and we report anonymously only.
We look forward to supporting you.

General Details

Title: _____ Full name: _____ Date of Birth: _____

Address: _____ Postcode: _____

Phone number(s): _____

Email: _____

G.P. Practice: _____

How many people do you care for? _____

Do you provide care for children or adults who have long-term health conditions that began in childhood?

☐ Yes ☐ No

Where did you hear about Care for Carers? _____

Do you have any disabilities or long-term conditions which limit your daily activities?

☐ Yes ☐ No ☐ Prefer not to say

If yes, please feel free to tell us here to allow us to better assist you:

_____

Equality Monitoring

Which gender do you identify with?

☐ Female ☐ Male ☐ Non-binary ☐ Self-identify another way ☐ Prefer not to say

How would you describe your ethnicity?

☐ White
☐ Asian, Asian Scottish, Asian British
☐ Other ethnic background
☐ Mixed or multiple ethnic groups
☐ African, Caribbean, or Black
☐ Prefer not to say

How would you describe your sexual orientation?

☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ LGBTQIA+ ☐ Prefer not to say

What is your employment status?

☐ In paid work - full-time ☐ In paid work - part-time ☐ Self-employed ☐ Not in paid work
☐ Retired ☐ Migrant worker ☐ Student ☐ Prefer not to say

Location

Do you live with the person(s) you care for? ☐ Yes ☐ No ☐ Sometimes

If 'No', does your cared for person(s) live in Edinburgh? ☐ Yes ☐ No

Support Sought

What kind of support are you looking for? (Tick as many as you like.)

☐ Emotional support* ☐ Short breaks from caring ☐ Information

☐ One-to-one support* ☐ Events / outings ☐ Future planning*

☐ Adult Carer Support Plans* ☐ Peer / group support ☐ Emergency planning*

******This may require a referral to a Carer Support Team. We would discuss this with you first.*

About Your Cared for Person(s)

Who is your cared for person(s)?

☐ Spouse / Partner ☐ Parent ☐ Child ☐ Adult child ☐ Grandchild ☐ Grandparent

☐ Any other relative ☐ Kinship ☐ Friend/Neighbour

What is the gender of your cared for person(s)?

☐ Female ☐ Male ☐ Non-binary ☐ Self-identify in another way ☐ Prefer not to say

What year(s) was your cared for person born in? _____

Please tell us what condition(s) your cared for person(s) has.

_____

_____

_____

Your Caring Role

How long have you been caring for?

☐ Less than 1 year ☐ 1 - 4 years ☐ 5 - 9 years ☐ 10 - 19 years ☐ 20 years +

How many hours of care do you typically provide per week?

☐ Up to 4 hours ☐ 5 - 19 hours ☐ 20 - 34 hours ☐ 35 - 49 hours ☐ 50+ hours

What areas of your life have been impacted by your caring role? (Tick as many as you like.)

☐ Health ☐ Emotional well-being ☐ Finances

☐ Life balance ☐ Feeling valued ☐ Future plans

☐ Employment ☐ Living environment ☐ Other _____

When did you last have a day out without your cared for person(s), away from your caring role?

☐ In the last month ☐ In the last 6 months ☐ In the last year
☐ In the last 5 years ☐ More than 5 years ☐ Never

When did you last have an overnight break without your cared for person(s), away from your caring role?

☐ In the last month ☐ In the last 6 months ☐ In the last year
☐ In the last 5 years ☐ More than 5 years ☐ Never

If you would like to tell us more about yourself or your caring role or anything else, please do so here.

_____

_____

_____

Contact Preferences

How can we contact you? (Select as many as you like.)

We will strive to adhere to your contact preferences as much as possible. However, for overnight breaks, some forms might have to be delivered via post, and for work with the Carer Support Team, a phone call might be required in the first instance.

Email ☐ Post ☐ Phone

What is your most preferred contact method (please select one):

☐ Email ☐ Post ☐ Phone

If you sign up for an event, can we contact you by text (SMS) to send you a pre-event reminder?

☐ Yes ☐ No

How would you like to receive the Care for Carers newsletter and event programmes?

☐ Email ☐ Post ☐ Both ☐ I would not like to receive them

Signature & Date

Signature: _____ **Date:** _____

Please return this form to enquiries@care4carers.org.uk or by post (free) to:

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151 London Road, Edinburgh, EH7 6AE