|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Your Personal Details** | | | | |
| **First name(s)** |  | | | |
| **Surname** |  | | | |
| **Date of birth** |  | | | |
| **About the Person You Care For** | | | | |
| **First name(s)** |  | | | |
| **Surname** |  | | | |
| **Date of birth** |  | | | |
| **Relationship to you** |  | | | |
| **Are they registered as a patient at**  **Salisbury Medical Practice?** | **Yes** |  | **No** |  |
| **Please tell us about them, including any disabilities or conditions (why they require your care)** |  | | | |
| **What does your role as carer involve?** |  | | | |

**How we can support you**

As a carer you are entitled to an annual flu vaccination, as well as an appointment for review in one of our carers clinics held in partnership with Carer Support Wiltshire.

We host a monthly Carers Café for patients to meet others and gain support from Helen Dowse, Salisbury Carers Champion – no need to book, just drop in for a cup of tea:

* 10am – 11.30am
* 1st Tuesday of every month
* Fisherton House, Salisbury Medical Practice

Please visit our website www.salisburymedicalpractice.co.uk/carer-support to find out more about the support on offer or call us on 01722 333034.

Please return this form to the practice - we will then update your records and add you to our carers register. This means we will contact you with any support available for carers.