

Carers' Information Service Mailing List

To receive our free newsletter, *Carers News*, and/or our e-bulletin, *What's New for Carers?* as well as information about special events, activities and training for carers, please complete this form. Please return it to us in the pre-paid envelope provided, or if you don't have a pre-paid envelope, send it to Carers' Information Service, FREEPOST SEA14616, Croydon CR9 1WZ (no stamp required).

1. PLEASE ENTER YOUR DETAILS HERE

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|--------------|-------------------|------------------|
| Title | First Name | Last Name |
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|------------------|
| Address |
| Post Code |

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| Tel No. Home | Work | Mobile |
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| Email |
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| In addition to your caring role, do any of these apply to you? |
| I'm working <input type="checkbox"/> I'm unemployed <input type="checkbox"/> I'm studying <input type="checkbox"/> I'm training <input type="checkbox"/> I'm a full-time parent <input type="checkbox"/> I'm retired <input type="checkbox"/> Other (please state below) <input type="checkbox"/> |

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| Age Range 16-18 <input type="checkbox"/> 18-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75 + <input type="checkbox"/> | Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> |
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| Do you have a disability or illness? (use categories on other side) |
| No <input type="checkbox"/> Yes <input type="checkbox"/> (please state) |

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| Please tick the relevant ethnicity box White White British <input type="checkbox"/> White Irish <input type="checkbox"/> Other White Background <input type="checkbox"/> Black Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Other Black Background <input type="checkbox"/> Asian Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian <input type="checkbox"/> Mixed White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other Mixed Group <input type="checkbox"/> Other Ethnic Group Arab <input type="checkbox"/> Chinese <input type="checkbox"/> Gypsy/Traveller <input type="checkbox"/> Other Not Specified <input type="checkbox"/> No wish to reply <input type="checkbox"/> |
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| Religion Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> No wish to reply <input type="checkbox"/> |
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| What is your first language? | Other languages spoken: |
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2. PLEASE ENTER THE DETAILS OF THE PERSON YOU CARE FOR HERE**Title****First Name****Last Name****Age Range**Under 18 ☐ 18-64 ☐ 65-74 ☐ 75 + ☐**Gender**Male ☐ Female ☐ Transgender ☐**The person I care for is my:**Husband/Wife/Partner ☐ Parent ☐ Child under 18 ☐ Child over 18 ☐Brother or sister ☐ Other family member ☐ Friend ☐I care for more than one person (please give details below) ☐**Please tick the relevant ethnicity box****White**White British ☐ White Irish ☐ Other White Background ☐**Black**Black African ☐ Black Caribbean ☐ Other Black Background ☐**Asian**Indian ☐ Pakistani ☐ Bangladeshi ☐ Other Asian ☐**Mixed**White & Black Caribbean ☐ White & Black African ☐ White & Asian ☐Other Mixed Group ☐**Other Ethnic Group**Arab ☐ Chinese ☐ Gypsy/Traveller ☐ Other Not Specified ☐No wish to reply ☐**What is their disability or illness? Please tick all that apply.**AIDS/HIV ☐ Alzheimer's/Dementia ☐ Blind/Visual Impairment ☐ Cancer ☐Deaf/Hearing Impairment ☐ Elderly/Frail ☐ Learning Disability ☐Mental Health Problem ☐ Parkinson's Disease ☐ Physical Disability ☐Stroke ☐ Substance Addiction (drug or alcohol problem) ☐Terminal Illness ☐ Wheelchair User ☐Other Not Listed ☐ (please state below)**3. Please indicate which publication/s you would like to receive and your preferred method of receiving them**Carers News (bi-monthly newsletter) ☐ By post please ☐ By email please ☐What's New for Carers? (monthly e-bulletin) Email only ☐

(Don't forget to give us your email address on the other side.)

How did you hear about the Carers' Information Service?**Data Protection Act 1998**

The Carers' Information Service will use the information provided by you for the purposes of administration, providing services to you and sending you information.

Signature**Date**