Carer Passport Application form for carers

Full name:



Please fill in using block capitals

Basic details

Title:

	Postcode:
Phone:	Email:
I care, unpaid, for someone who needs help due to disability or ill health (please tick):	
I care for an adult (please tick):	I care for a child under 18 (please tick):
Optional information	
Providing us with this information can help us assess what other support we could provide to make your caring role easier.	
The person you care for	
Relationship to you:	Age:
	Age.
	on about their condition of the person you care for and give details of
Summary of your caring situation: Please give some basic information	
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Please turn over

Extra information about you Your age: 16-17 18-24 25-44 45-64 65-79 80+ Your employment status: I am in paid work Not in paid work Retired White Asian/Asian British Mixed Your ethnicity: Black/African/Caribbean/Black British Other Accessing further information (please tick all that apply) I would like someone to talk to me about benefits and what I / my family might be financially entitled to I would like to attend a support group I would like to talk to someone about how to get a break from caring < [Insert data protection statement of the organisation running the Carer Passport scheme]> Signed: Date: Print name: FOR INTERNAL USE ONLY Date received: Date reviewed: Contact made via: Email Phone Letter Card issued? Please tick: Card issued on (date):

Referral to support group

If card not issued, please give reason:

Support along with card given:

Information and advice

Detailed benefits check