

CARER

I authorise the London Borough of Hackney to contact any organisation or person named in this application as part of the assessment process. I confirm that the information I have given is true.

Hackney Council complies with the Data Protection Act 1998. As part of this the Information Commissioner has been notified of all personal data held by Hackney Council.

a) This policy applies to all employees and elected Members. b) The Council will hold the minimum personal data necessary to enable it to perform its functions. Every effort will be made to ensure that information is accurate and up to date and that inaccuracies are corrected without unnecessary delay. c) Personal data will be accurate in respect of matters of fact. Opinions will be carefully and professionally expressed. d) The Council will respond to and assist every request for access to data from employees or members of the Public. e) The Council has the right to charge for access to personal data. Requests for access should be directed to the Data Protection Officer. f) If Council Data is to be processed outside Council premises, the appropriate Senior Manager must satisfy themselves the requirements of the Data Protection Act 1998 are complied with. g) Personal data will be kept in an appropriately controlled and secure environment. h) Data sharing with external agencies will be the subject of a written agreement setting out the powers that permit the exercise, its scope and controls and will be agreed at the highest level. i) Data provided via electronic forms on the Council's website will only be used for the purpose of processing the application/information. We abide by the principles of the Data Protection Act 1998 and ensure that the data is used for no other purposes and is disclosed to no third party. Any member of staff knowingly or recklessly breaching the Council's Data Protection Policy will be subject to the established disciplinary procedure.

I the undersigned freely consent to the London Borough of Hackney processing the information provided in the course of my relationship with the Authority for the purposes outlined above.

You could face prosecution if you make a false statement on this application form.

Carer's Signature

Date

Failure to complete any part of this form or to supply the required information may result in your application being terminated

CARER FOR

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Cared for person's
Signature

Date

(if they are unable to sign, please leave blank)

Failure to complete any part of this form or to supply the required information may result in your application being terminated

Dear Carer

HOW TO APPLY

To apply for a Hackney Carers Card, please complete and return this application form to:
Carers Service
Health & Community Services
Hackney Council
Hackney Service Centre, 3rd Floor
1 Hillman Street
Hackney E8 1DY

Forms are also available on Hackney Council's website at:
www.hackney.gov.uk/s-cc-adult-carers.htm

WHO CAN APPLY

Carers, aged 18 or over, who provide care for a Hackney resident of any age can apply for a Hackney Carers Card. A carer is someone who provides regular, unpaid help to a relative or friend who is frail, disabled or suffers from an illness.

Before you return the form please:

- Ask a health/social care professional, for example, a district nurse, community psychiatric nurse, social worker, care manager, your GP, occupational therapist or voluntary organisation manager, to complete the PROFESSIONAL VERIFICATION section.
- ENCLOSE TWO PASSPORT SIZE PHOTOGRAPHS OF YOURSELF (not the cared for person).
- Sign the CARER section and if they are able to, please ask the person you care for to sign the CARED FOR section.
- Please note that registration is renewable annually. We will write to you a month before your Card expires.
- Please note that the Carers Card may only be used by you, the carer/cardholder.

WHAT HAPPENS NEXT

The Card is free to carers. Cardholders can take advantage of benefits including discounts at many local retailers and can enjoy concessionary rates at all Hackney leisure centres. When your application has been processed and approved, we will send you a Card and a Shop Guide which provides details of the participating retailers and contact details for Hackney leisure centres.

If you have any queries regarding the application form:
Please call the Council on 0208 356 5054

Your Hackney Carers Card application will be processed and you will automatically go onto Hackney's Carers register, a free mailing list, to receive quarterly information updates on services for carers.

Please tick if you **do not** wish to go on the Carers Register to receive information.

We welcome any feedback or ideas regarding the scheme.

Regards
Carers Service



Hackney Carers Card

Carers Application Form

Hackney Carers Helpline: Telephone: 020 8356 5054 Email: carers@hackney.gov.uk
Opening Times: 8am to 8pm Monday to Friday and 9am to 1pm Saturday.

If you look after a neighbour, relative or friend in Hackney, contact the Hackney Carers Helpline to access information, advice and support.

Please remember to enclose two passport photos of you (the carer).

CARER'S DETAILS

Full Name: Date of birth:

Address:

Phone Number:

Email:

Gender: Male Female (Please Tick Appropriate)

Please state your Ethnic Origin:

Details of any disability, illness or condition

GP Details

Phone Number:

CARED FOR PERSON'S DETAILS

Full Name: Date of birth:

Address:

Phone Number:

Gender: Male Female (Please Tick Appropriate)

Please state your Ethnic Origin:

Details of any disability, illness or condition

GP Details

Phone Number:

Have you told your GP you are caring for someone?

Yes No

What is your relationship to the person you care for?

Partner Parent Son Daughter Sibling Neighbour Friend

(Please tick appropriate box)

Are you the main carer?

Yes No

How long have you cared for this person?

Who else provides Care?

What care do you provide?

Help with personal care (washing etc)

Domestic help (cleaning etc)

Emotional support

Help with bills/finance

Prompting medication

Other, please explain _____

How often do you provide this care?

What help do you feel you need? You may need support with training, work, social.

Are you in touch with any Organisations who provide you with support as a carer?

Yes No

If yes please give details

If no, would you like to receive information about supportive Organisations?

Yes No *(please tick appropriately)*

Have you had a “carers needs assessment”?

This is a discussion about your caring role, an opportunity for you to talk about the things that you do, your needs and for you to find out more about carers support available in Hackney.

Would you like someone to contact you regarding a carers needs assessment?

PROFESSIONAL VERIFICATION

Please ask a health/social care professional who has knowledge of your caring role to complete this section.

Verification can be made by, for example, a district nurse, community psychiatric nurse, social worker, care manager, your GP, occupational therapist or voluntary organisation manager.

In what capacity do you know this carer?

How long have you known this carer?

Are you familiar personally with their caring role?

Do you confirm that the carer provides regular and substantial care and these details are true to the best of your knowledge?

Any other comments you would to make to support this application?

Signed

Date

For Professional Verification please attach proof of identity
i.e. a business card or a stamp mark.

If you have any queries completing this form,
please telephone Hackney Council on 020 8356 5054.

STAMP