



CONSENT FOR CARERS MAILING LIST (WHST)

CARER DETAILS (please complete all fields and use block capitals)

Title: *Mr Mrs Miss Ms

First Name: Surname:

Address:

Town: County:

Postcode:

Telephone : (028) Mobile:

D.O.B.

Email:

Race/Ethnic Origin:

- | | | | |
|-----------------|--------------------------|--------------------|--------------------------|
| White | <input type="checkbox"/> | Black African | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Black Caribbean | <input type="checkbox"/> | Irish Traveller | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Filipino | <input type="checkbox"/> | Mixed Ethnic Group | <input type="checkbox"/> |
| Black Other | <input type="checkbox"/> | | |

Any other Ethnic Group (please specify)

Is English your first language? Yes No

I agree to my details being kept on the WHST Carers Database (please tick).

Yes No Date

o that we can make sure information being sent to you is relevant, we need some
information about the person you care for.

Please tick below

Age: 0—18 (Under 18 please give *Year of birth*)

19—64 65 and over

Learning Disability ASD Physical Disability

Dementia Arthritis Diabetes

Alzheimer's Heart condition CVA/Stroke

Kidney disease MS Parkinson's disease

Old and frail Downs Syndrome Brain Injury

Mental Health Other (please specify)

Please complete *all* information as far as possible and return to Carers Support Team, 2

Coleshill Road, Enniskillen BT74 7HG or scan to

Carers.support1@westerntrust.hscni.net