Western Health and Social Care Trust

CONSENT FOR CARERS MAILING LIST (WHSCT)

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 ☐ Black African ☐

Bangladeshi ☐ Pakistani ☐

Black Caribbean ☐ Irish Traveller ☐

Chinese ☐ Indian ☐

Filipino ☐ Mixed Ethnic Group ☐

Black Other ☐

Any other Ethnic Group (please specify)

Is English your first language? Yes ☐ No ☐

I agree to my details being kept on the WHSCT 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