

## Access Form for Carers Wellbeing and Resilience Service

Date:		Service:	
Name:		DOB:	Age:
Full address:			
Post code:			
Contact number:		Gender:	
Email:			
Other languages/communication needs:			
GP Name: Address:  Contact Number:			
Name of cared for person		DOB:	Age:
Full address:			
Post code:			
Contact number:		Gender:	
Relationship to you:			
Approximately how many hours care do you provide per week?			
Describe your caring responsibilities in your own words:			
Who should we contact in case of emergency? Name: Relationship to you: Contact number:			
Name (please print)	Signature		Date

Please send your completed application form to;  
Birmingham Mind Beechcroft Centre,  
R/O 501 Slade Road,  
Erdington, Birmingham,  
B23 7JG  
Tel: 0121 237 3761

# Information for Monitoring Purposes

Strictly Private and Confidential

Monitoring is a vital part of our future funding. The information that you provide is confidential and is used anonymously for the Birmingham Mind Carer Wellbeing Service monitoring outcomes only. Personal details will not be divulged to any 3<sup>rd</sup> party. **Thank-you**

<b>Gender (please state)</b>		Male	Female	Other				
<b>How would you describe your ethnic origin? Please tick the relevant box</b>								
Caribbean		African						
White and Black African		White & Black Caribbean						
Other Black		Pakistani						
Indian		Other Asian						
Bangladeshi		Arab						
White and Asian		British						
Chinese		Irish						
Other Chinese		Other British						
Eastern European		Other Mixed						
<b>Nationality:</b>								
<b>How would you describe your religion or belief?</b>								
Christian	Jewish	Buddhist	Muslim	Sikh	Hindu	Other Religion or Belief	No Religion	Rather Not Say
<b>Your marital status:</b>								
Single	Married	Separated	Divorced	Widowed	Civil Partnership			
Same Sex Marriage		Living with Partner			Prefer not to say			
<b>How would you describe your sexuality?</b>								
Heterosexual	Gay	Lesbian	Transgender	Bi Sexual	Prefer Not to Say			
<b>Your employment status:</b>								
Unemployed	Full time work	Part time work	Self employed	In education	Volunteer			
Other (please state)								
<b>Refugee status:</b>		Yes	No	Unknown				
<b>What form of transport do you regularly use?</b>								
Car	Train	On Foot	Taxis	Bike	Bus			
Other (please state)								
<b>Do you smoke</b>			YES	NO				
<b>What are your main language(s):</b>								
<b>Do you consider yourself to be disabled?</b>								
If yes please specify e.g. Learning Disabilities, Mental Health, Physical Disability, Sensory Impairment								

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