

## Carers Permit Form

### **Definition of Carer:**

*“A carer is a person of any age, adult or child, who provides unpaid support to a partner, child, relative or friend who couldn’t manage to live independently or whose health or wellbeing would deteriorate without this help. This could be due to frailty, disability or serious health condition, mental ill health or substance misuse”. (Commissioning for Carers: Principles and resources to support effective commissioning for adult and young carers, 2014, NHS England)*

Please confirm the person named and living at the address requires one of the following to enable them to remain as independent as possible:

**Personal Care, Domestic Care, Health Care and Mental Health Care.** This would involve:

- *Support with dressing, washing and toileting*
- *Support with lifting, assisting, and helping when moving around*
- *Support with managing illness or a condition, or helping to administer medication*
- *Assistance in alleviating mental or emotional illness, symptoms, conditions or disorders*

### **Declaration**

I declare that the person named and living at the address requires one of the types of care listed above:

GP stamp:

GP Signature:

If you have any questions with regards to this application, please call 01273 29 66 22

