# **Contact Form**

Please complete this form and return it to [info@carerslewisham.org.uk](mailto:info@carerslewisham.org.uk). A member of our team will contact you within 3 working days to confirm we have registered you and to discuss how we can best support you.

**ABOUT YOU**

Your first name: Your last name:

Your email address:

Your telephone number:

Your postcode:

We collect this so that we can link you in to our Information & Advice Officer for your area

How would you like us to contact you? Email / phone / Zoom

Please highlight your preferred method of contact

What time of day would you prefer us to call you?

Please highlight your preferred times

* Early morning (8.30 – 10.30am)
* Mid morning (10.30-12.30pm)
* Early afternoon (1-3pm)
* Late afternoon (3-5pm)
* No preference

**ABOUT THE PERSON YOU CARE FOR**

What is their first name?

What is your relationship to them?

I am their… (e.g. neighbour, brother, daughter etc)

What are their needs?

E.g.

* physical illness
* disability
* mental health problem
* dementia
* other

**HOW CAN WE BEST SUPPORT YOU?**

Let us know what kind of support you are interested in. This will help us

connect you to the right person on our team:

Please highlight all the types of support you are interested in

* Attending peer support coffee mornings
* Health and well-being sessions
* Support into employment
* 1-2-1 advice and support, for example help with
  + carers assessment
  + welfare benefits
  + money management
* if there is a particular issue you would like support for, please let us know:
* Other

**CONSENT**

*I agree to you storing my personal data for the purpose of providing Carers*

*Lewisham services to me. I understand that the data I have provided will be*

*kept confidential and only shared with another organisation with my explicit*

*consent in order to enable them to provide services to me.*

Please put your name here, to show you agree: