# **Contact Form**

Please complete this form and return it to 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: