

Registration Form

Managing Caring

Venue: Arthritis Care, The McCune Building, 1 Shore Road, Belfast, BT15 3PG
16th and 23rd February 2012

Personal Details to be completed by participant

Title			
Forename		Daytime phone number	
Last name		Mobile	
Address		email	
Postcode			
Please let us know of any specific access (eg large print papers, wheelchair access) or dietary requirements			
Please let us know if you will need to reclaim alternative care costs			
Emergency contact: to be used only in an emergency during the course			
Name			
Phone number/ Mobile			

Please tell us a little about your caring role

Who do you care for? (eg parent, child, partner etc)	
What is their disability or long term condition?	
What age are they?	
Do you live with them or separately?	
Approximately how long have you been caring?	

How many hours a week do you estimate you spend caring?	
Do you get any help or support with your caring role? (If so, from whom?)	

How did you find out about this course?

Please tick the appropriate box

www.arthritiscare.org.uk		www.carersni.org	
Arthritis Care publication		Carers Northern Ireland publication	
Arthritis Care's Helpline		Carers Northern Ireland staff	
Referral from a health and social care professional		Friend	
Other, please specify			

Your contact details will be stored on our database so that we can contact you from time to time to help us evaluate the course and to keep you informed of other courses and services we offer. Please tick this box if you do **not** want Carers Northern Ireland to store your details after you have attended the course.

**Thank you for completing the registration form
All this information will be treated as confidential**

PLEASE RETURN THIS COMPLETED FORM BY FRIDAY 10TH FEBRUARY TO:

Carers Northern Ireland FREEPOST BEL 493 Belfast BT1 6BR	Or email to admin@carersni.org
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Office use only	
Course Reference	
Participant ID	

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