

Pembrokeshire Carers Registration and Referral Form

Please read the guidance notes before completing this form. A member of staff should be able to help you.



Name of surgery:

Name of LiC setting:

Section A: let your GP surgery know you are a carer

Title:	Address:
Full name:	
Date of birth:	Postcode:
Telephone:	Email:
Written language preference:	Spoken language preference:

About the person or people you care for:

What county do they live in?
Your relationship to the person you care for (e.g. wife, son, mother, friend, etc.):
What illness, disability or condition does the person you care for have?
Does anyone else provide additional care for this person: ☐ Yes ☐ No
Their age range: ☐ 5 to 18 ☐ 18 to 25 ☐ Over 25

Section B: help and support, please see notes for more information

Would you like to receive a free copy of the Carers Gazette ?	☐ Yes
Would you like to receive a copy of the Pembrokeshire Carers Information Pack ?	☐ Yes
Would you like an appointment with the Carers Information & Support Service ?	☐ Yes

How would you say you are currently coping with your caring role?

☐ Coping well	☐ Just managing	☐ Really struggling	☐ At crisis point
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Please sign and date:

By signing this form you are agreeing to be registered as a carer at your GP surgery. If you say yes to anything in Section B your details will be passed to Pembrokeshire Carers Information & Support Service (PCISS). They will store and use your personal information to help and support you in your caring role.

Carers signature:	Date:
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For surgery staff only:

I confirm that I have checked the above information. The carer has understood and signed the form. They have been given a copy of the guidance notes and 'Do you look after someone?' leaflet. If anything in Section B has been ticked I will post to: Pembrokeshire Carers Information & Support Service (PCISS), Adferiad Recovery, Crossroads House, 37 Merlins Hill, Haverfordwest, SA61 1PE or email a password protected word document to: pciss@adferiad.org **within 5 working days.**

Full name:	Signature:	Date:
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Ffurflen Gofrestru ac Atgyfeirio Gofalwyr Sir Benfro

Darllenwch y Nodiadau canllaw cyn llenwi'r ffurflen hon. Dylai aelod o staff allu eich helpu.



Enw'r feddygfa:

Enw'r sefydliad BmG:

Adran A: rhowch wybod i'ch meddygfa eich bod yn ofalwr

Teitl:	Cyfeiriad:
Eich enw:	
Dyddiad Geni:	Côd post:
Ffôn:	Ebost:
Dewis iaith ysgrifenedig:	Dewis iaith lafar:

Ynglŷn â'r person neu'r bobl yr ydych yn gofalu amdanynt:

Ym mha sir maen nhw'n byw?
Eich perthynas â'r bobl rydych yn gofalu amdano (e.e. gwraig, mab, mam, ffrind, ac ati.):
Pa salwch, anabledd neu gyflwr sydd gan y bobl rydych yn gofalu amdano?
A oes unrhyw un arall yn darparu gofal ychwanegol ar gyfer y person hwn: ☐ Ydw ☐ Na
Eu hystod oedran: ☐ 5-18 ☐ 18-25 ☐ Dros 25

Adran B: cymorth a chefnogaeth, gweler y nodiadau am ragor o wybodaeth

Hoffech chi dderbyn copi am ddim o'r Gofalwyr Gazette ?	☐ Hoffwn
Hoffech chi dderbyn copi o Becyn Gwybodaeth Gofalwyr Sir Benfro ?	☐ Hoffwn
Hoffech chi apwyntiad gyda'r Gwasanaeth Gwybodaeth a Chymorth i Ofalwyr ?	☐ Hoffwn

Sut fydddech chi'n dweud eich bod chi'n ymdopi â'ch rôl ofalu ar hyn o bryd?

☐ Ymdopi'n dda	☐ Dim ond rheoli	☐ Ei chael hi'n anodd iawn	☐ Ar bwynt argyfwng
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Llofnodwch a dyddio:

Drwy lofnodi'r ffurflen hon rydych yn cytuno i gofrestru fel gofalwr yn eich meddygfa. Os byddwch yn dweud 'hoffwn' i unrhyw beth yn Adran B caiff eich manylion eu trosglwyddo i Wasanaeth Gwybodaeth a Chymorth Gofalwyr Sir Benfro (PCISS). Byddant yn storio ac yn defnyddio eich gwybodaeth bersonol i'ch helpu a'ch cefnogi yn eich rôl ofalu.

Llofnod gofalwr:	Dyddiad:
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Ar gyfer staff y feddygfa yn unig:

Rwy'n cadarnhau fy mod wedi gwirio'r wybodaeth uchod. Mae'r gofalwr wedi deall a llofnodi'r ffurflen. Maent wedi cael copi o'r nodiadau canllaw a thaflen 'Ydych chi'n gofalu am rywun?' Os oes unrhyw beth yn Adran B wedi'i dicio byddaf yn postio at: Gwasanaeth Gwybodaeth a Chymorth Gofalwyr Sir Benfro (PCISS), Adferiad Recovery, Crossroads House, 37 Merlins Hill, Haverfordwest, SA61 1PE neu e-bostiwrch dogfen Word a ddiogelir gan gyfrinair i: pciss@adferiad.org o fewn 5 diwrnodau gwaith.

Enw llawn:	Llofnod:	Dyddiad:
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Pembrokeshire Carers Registration and Referral Form: Guidance Notes

Are you a carer?

Do you look after a relative, friend or neighbour who cannot manage on their own because they have an illness, poor health, disability, mental health issue or an addiction? If so, you are a carer. There are several ways you could get help and support. The first step is to take a few moments to read these guidance notes and complete the form attached to this sheet.

Why you should complete the carer registration form

You should have been given a copy of the 'Do you look after someone?' leaflet along with this form. The leaflet provides more detail on the benefits of registering and having a referral as a carer.

It is also helpful for your surgery to know who you are caring for. Please ask about a cared-for consent form. You and the person you care for will need to sign that form.

Section A: letting your GP surgery know you are a carer

If you complete Section A of the form, you will be registered as a carer at your GP surgery. This means your surgery will be able to help and support you in your caring role. The form also asks if there is anyone else who provides care in particular under the age of 25 to help identify young or young adult carer(s).

Section B: explains some of the help and support that is available to carers

Pembrokeshire Carers Gazette

A free newsletter produced 3 times a year. This will contain information on carers services, details of events and issues that may concern them and the person(s) they care for.

Pembrokeshire Carers Information Pack

The pack contains information on a range of topics to help you with your caring role. This includes practical help, benefits, and legal matters. There are details of other organisations that may be able to offer support to you and the person(s) you care for.

Carers Information and Support Service

Our team of experienced staff provide information and support to carers. An appointment with an outreach support worker provides a listening ear. They can help prioritise your needs and better manage the impact of your caring role. They can also help you access other support services including a Carers Needs Assessment.

For further information contact the Carers Information & Support Service. Phone **01437 611002** or email pciss@adferiad.org.

What happens when you hand the completed form back to your GP surgery?

You will be recorded as a carer at your surgery. This means that all staff know that you are a carer. You should receive the right advice and support. If you said yes to anything in section B your details will be sent to the carers service organisation. They will store and use your personal information so that they can help and support you. Your information will not be shared with any third parties outside these organisations.

Ffurflen Gofrestru ac Atgyfeirio Gofalwyr Sir Benfro: Nodiadau Cyfarwyddyd

Ydych chi'n ofalwr?

A ydych yn gofalu am berthynas, ffrind neu gymydog na allant ymdopi ar eu pen eu hunain oherwydd bod ganddynt salwch, iechedd gwael, anabledd, problem iechedd meddwl neu ddibyniaeth? Os felly, rydych yn ofalwr. Mae sawl ffordd y gallech chi gael cymorth a chefnogaeth. Y cam cyntaf yw cymryd ychydig funudau i ddarllen y nodiadau canllaw hyn a chwblhau'r ffurflen sydd ynghlwm wrth y daflen hon.

Pam y dylech llenwi'r ffurflen gofrestru gofalwr

Dylech fod wedi cael copi o'r daflen 'Ydych chi'n gofalu am rywun?' ynghyd â'r ffurflen hon. Mae'r daflen yn rhoi mwy o fanylion am fanteision cofrestru a chael atgyfeiriad fel gofalwr. Mae hefyd yn ddefnyddiol i'ch meddygfa wybod pwy rydych chi'n gofalu amdano. Gofynnwch am ffurflen ganiatâd y sawl sy'n derbyn gofal. Bydd angen i chi a'r person yr ydych yn gofalu amdano lofnodi'r ffurflen honno.

Adran A: rhoi gwybod i'ch meddygfa eich bod yn ofalwr

Os byddwch yn llenwi Adran A o'r ffurflen, byddwch wedi'ch cofrestru fel gofalwr yn eich meddygfa. Mae hyn yn golygu y bydd eich meddygfa yn gallu eich helpu a'ch cefnogi yn eich rôl ofalu. Mae'r ffurflen hefyd yn gofyn a oes unrhyw un arall sy'n darparu gofal yn arbennig o dan 25 oed i helpu i nodi gofalwr(wyr) ifanc neu oedolion ifanc.

Adran B: mae'n esbonio peth o'r cymorth a'r gefnogaeth sydd ar gael i ofalwyr

Gazette Gofalwyr Sir Benfro

Cylchlythyr rhad ac am ddim a gynhyrchir 3 gwaith y flwyddyn. Bydd hwn yn cynnwys gwybodaeth am wasanaethau gofalwyr, manylion digwyddiadau a materion a allai fod yn peri pryder iddynt a'r person(au) y maent yn gofalu amdanynt.

Pecyn Gwybodaeth i Ofalwyr Sir Benfro

Mae'r pecyn yn cynnwys gwybodaeth am amrywiaeth o bynciau i'ch helpu gyda'ch rôl gofalu. Mae hyn yn cynnwys cymorth ymarferol, budd-daliadau, a materion cyfreithiol. Mae yna fanylion sefydliadau eraill a allai gynnig cymorth i chi a'r person(au) yr ydych yn gofalu amdanynt.

Gwasanaeth Gwybodaeth a Chymorth i Ofalwyr

Mae ein tîm o staff profiadol yn darparu gwybodaeth a chefnogaeth i ofalwyr. Mae apwyntiad gyda gweithiwr cymorth allgymorth yn darparu clust i wrando. Gallant helpu i flaenoriaethu eich anghenion a rheoli effaith eich rôl ofalu yn well. Gallant hefyd eich helpu i gael mynediad at wasanaethau cymorth eraill gan gynnwys Asesiad Anghenion Gofalwyr.

Am ragor o wybodaeth cysylltwch â'r Gwasanaeth Gwybodaeth a Chymorth i Ofalwyr. Ffoniwch **01437 611002** neu e-bostiwch pciss@adferiad.org.

Beth sy'n digwydd pan fyddwch chi'n dychwelyd y ffurflen wedi'i chwblhau i'ch meddygfa?

Byddwch yn cael eich cofnodi fel gofalwr yn eich meddygfa. Mae hyn yn golygu bod yr holl staff yn gwybod eich bod yn ofalwr. Dylech dderbyn y cyngor a'r gefnogaeth gywir. Os dywedasoch 'ydw' i unrhyw beth yn adran B anfonir eich manylion at y sefydliad gwasanaeth gofalwyr. Byddant yn storio ac yn defnyddio eich gwybodaeth bersonol fel y gallant eich helpu a'ch cefnogi. Ni fydd eich gwybodaeth yn cael ei rhannu ag unrhyw drydydd parti y tu allan i'r sefydliadau hyn.

CONSENT FORM to discuss medical records with carer/relative

Section 1 – Your Details			
Mr Mrs Ms Dr	Other		Surname
First Name			Date of Birth
Address			
Post Code			
Telephone Number			
Section 2 – Who to release your information to			
Name			
Address			
Post Code			
Telephone Number			
Relationship			
Name			
Address			
Post Code			
Telephone Number			
Relationship			
Statement			
I hereby give consent to the afore mentioned person/s to have:- ☐ Access to my complete medical records. ☐ Access to my medical records from the date of this consent onwards. I hereby give authority to the afore mentioned person/s to engage in verbal, written and telephone communication with Narberth Surgery in relation to: ☐ Past, current and future treatment and cared decisions ☐ Current and future treatment and care decisions from the date of this consent onwards.			
Signed			Date

GP Partner: Dr V Fleming, Dr H Wang, Dr P Crawford, Dr N Welch, Dr P Graves, Dr C Lewis

Salaried: Dr J Milne

Northfield Road, Narberth, Pembrokeshire, SA67 7AA.

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