Carers Support Centre
is a local charity which helps carers of any age. They can help you with benefits and financial advice, give you support in gaining access to services and can link you to information, breaks, training, counselling and emotional support.

If you live in South Gloucestershire, or care for someone who lives in South Gloucestershire, you can get an assessment of your needs as a carer through ‘Getting Help and Connected’.

If you live in Bristol or have a Bristol GP and are not currently getting community care services, you may be able to get a one-off payment to help you continue in your caring role.

This might include • having a short break away • joining a gym or taking up a hobby or course • buying equipment eg tumble dryer or assistive technology • buying a service that makes caring easier eg driving lessons, paying for a sitting service.

Ask your doctor/surgery to refer you to Carers Support Centre
Or call CarersLine: 0117 965 2200
www.carerssupportcentre.org.uk

Dear GP practice manager/Carer Lead
This person is a carer. Please add their name to your carers register as outlined in your carer protocol. You may also need to give them your practice’s medical consent form for the cared for person to sign if appropriate.

Thank you for your help.
A carer is someone who provides support to someone who could not manage without this help. This could be caring for a relative, partner, friend or neighbour who is frail, disabled or has mental health or substance misuse problems. All the care they give is unpaid.

Carers often suffer poor health as a result of their caring role. For example they may suffer from back ache, stress or depression. Some carers do not visit their GPs due to the pressures of caring.

Your GP Practice wants to know if you are a carer
Not everyone will have noticeable health problems but it is important to ensure carers look after themselves. Please complete the form below and hand to reception so you can be added to their carers register.

They should then be able to offer you a free flu jab and may help with flexible GP appointments. They will also be able to share information about the person you care for (with his/her consent) and let you know about other organisations that can help.

Please complete and hand into reception
Name: ..............................................................................................................
Address: ...........................................................................................................
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Date of birth: ...................................................................................................
Signature: .....................................................................................................