**APPENDIX 1 – CARERS REGISTER APPLICATION FORM**

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| **RENFREWSHIRE COUNCIL**  **CARERS REGISTER APPLICATION FORM - HR&OD/CL/1** | | | |  | | |
| The Council’s Carers Register is a formal list of employees who have identified themselves as primary unpaid carers. The purpose of the register is to help to identify primary carers within the Council to ensure that they receive appropriate support and information. Acceptance on the register is conditional upon employees meeting the qualifying criteria set out in the  Carers Leave Policy (Section 5) and detailed on this form. | | | | | | |
| **1. Personal details** | | | | | | |
| **Name:** | | | | | | |
| **Designation:** |  | **Service:** |  | | | |
| **Work location:** |  | **Home Address:** |  | | | |
| **Employee number:** |  | **Work phone Number:** |  | | | |
| **2.** **Application/Eligibility Criteria** | | | | | |  |
| I would like to apply to for inclusion on the Council’s Carers Register. I am making this application as I have primary caring responsibilities as defined within the Carers Leave Policy (Section 5).  I confirm: | | | | | | |
| I am a primary carer for a relative/partner (in line with the Carers Leave Policy) | | | | | □ | |
| I have provided evidence of my primary caring responsibilities  from my GP/Carers Centre | | | | | □ | |
| I have 26 weeks continuous service | | | | | □ | |
| Please provide details if you share primary caring responsibilities with another Council | | | | | | |

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| **3. Consent and Declaration** |
| I consent to you sharing this information with my line manager in the event that I request a period of carers leave.    I confirm that all information I have given on this application form for the Carers Register is accurate. |
| **Signature:**  **Date:** |

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| **4. GP/Carers Centre Confirmation** | |
| I confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is a primary carer and regularly carries out primary caring responsibilities. | |
| **GP/Carers Centre Signature or Stamp:**  **Date:** |