



Becoming a Member Application Form

Thank you for requesting a form to become a member of Care for Carers.

Please fill in the following details and return the form to us, we will do the rest.

We will add you to our mailing list.

Title & Name: _____ Date of Birth: _____

Address: _____

_____ Post Code: _____

Tel.No: _____

Email: _____

Please confirm which gender you identify with:

- Male aged 0-17
- Male aged 18-64
- Male aged 65+

- Prefer not to say

- Female aged 0-17
- Female aged 18-64
- Female aged 65+

- Other

How would you describe your ethnicity?

- White
- Mixed or multiple ethnic groups
- Asian, Scottish Asian or British Asian

- Prefer not to say

- African, Caribbean or Black
- Other ethnic background

How would you describe your sexual orientation?

- Heterosexual
- Gay man
- Lesbian
- Prefer not to say

- Bisexual
- Other

Do you have a disability or long-term condition which limits your daily activities?

- Yes
- Prefer not to say

- No

(Please complete the next page too)

What is your employment status?

- Employed
- Migrant worker

- Unemployed
- Student/retired

Tell us about your caring role (who do you look after? what illness or disability do they have? etc.)

How long have you been caring for?

- Less than 1 year
- More than 1 year but less than 5 years
- More than 5 years but less than 10 years

- More than 10 years but less than 20 years
- 20 years or more

How many hours of care do you provide per week?

- Up to 4 hours
- 4-19 hours
- 20-34 hours

- 35-49 hours
- 50+ hours

What kind of support are you looking for from Care for Carers? - tick as many as are appropriate.

- Health
- Emotional Wellbeing
- Finance
- Life Balance
- Other

- To feel valued
- Future plans
- Employment
- Living environment

Signed: _____

Date: _____

Please return this form to admin@care4carers.org.uk or by post to: **Freepost Plus RTX B-UUCY-EHBU Care for Carers, 151 London Road, Edinburgh EH7 6AE**