

## Carers' Information Service Mailing List

To receive our **free** newsletter and/or our e-bulletin, as well as information about special events and training for carers, please complete this form and return it to us in the pre-paid envelope provided.

<b>Title</b>	<b>First Name</b>	<b>Last Name</b>
<b>Address</b>		<b>Home Tel</b>
		<b>Work Tel</b>
		<b>Mobile</b>
<b>Email</b>		

<b>Age</b>	<b>Gender</b>	<b>Are you in working?</b>	<b>Do you have a disability?</b>
Under 18 <input type="checkbox"/> 18-64 <input type="checkbox"/>	Male <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
65-74 <input type="checkbox"/> 75+ <input type="checkbox"/>	Female <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

**Ethnicity**

<b>White</b>	<b>Black</b>	<b>Asian</b>	<b>Mixed</b>
White British <input type="checkbox"/>	Black African <input type="checkbox"/>	Indian <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>
White Irish <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White & Black African <input type="checkbox"/>
Other White Background <input type="checkbox"/>	Other Black Background <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	White & Asian <input type="checkbox"/>
		Other Asian <input type="checkbox"/>	Other Mixed Group <input type="checkbox"/>

**Chinese or Other Ethnic Group**

Chinese     Other Ethnic Group     **No wish to reply**

**Who do you care for?** (Please tick as many as apply)

Husband/Wife/Partner     Parent     Child under 18     Child over 18

Other family member     Sibling     Friend     More than one person

**What illness or disability does the person you care for have?** (Please tick as many as apply)

Aids/HIV     Alzheimer's/Dementia     Elderly/Frail     Learning Disability     Medical Condition

Mental Health Problem     Physical Disability     Sensory Impairment     Substance Addiction

Terminal Illness     Wheelchair User     Other  (please state)

Please indicate which publication/s you would like to receive and method of delivery

**Carers News** (bi-monthly newsletter) By Post  By Email  \*

**What's New for Carers?** (monthly e-bulletin)  **Email only** \*    Have you included your email address? \*

**Date Protection Act 1998**

The Carers' Information Service will process the information provided by you for the purposes of administration and sending you mailings/email only.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return to the Carers' Information Service, FREEPOST SEA14616, Croydon, CR9 1WZ**