



## CARER TRAINING REGISTRATION FORM

If you would like to take part in one of our training courses please complete and return the following registration form. Completed forms should be returned to: Gateshead Carers, 11 Regent Terrace, Gateshead, NE8 1LU or email: kelechi.dibie@gatesheadcarers.com

**Course Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### SECTION A - Personal information

<b>Carer Name:</b>	
<b>Postal Address:</b>	
<b>Telephone:</b>	
<b>Email:</b>	
<b>Age:</b>	

### SECTION B - Emergency contact

Please give details of someone we can contact in the case of an emergency e.g. if you were ill during the training or rushed to hospital. An emergency contact is usually, but not necessarily a member of your family. An emergency contact could also be a friend or a flatmate or neighbour for example.

<b>Contact Name:</b>	
<b>Contact Telephone:</b>	
<b>Relationship to you:</b> (e.g. mother, sister, friend)	

### SECTION C - Your caring history

<b>How long have you been a carer?</b>	
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## SECTION D - Additional Support and Language

If you have any disability or dietary needs please give details here. Please tell us about any visual or hearing impairment, mobility problems or learning difficulties that could affect your participation. This would enable us to provide the right level of support; so that you can get the best out of the course.

What is your first Language or mother tongue?

Would you require additional support with language to benefit from our training?  
(Please tick appropriate box)

YES

NO

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**Completed forms should be returned to:**

**Kelechi Dibie:** Training Officer, Gateshead Carers.

**Address:** 11 Regent Terrace, Gateshead, Tyne & Wear, NE8 1LU or

**Email:** [kelechi.dibie@gatesheadcarers.com](mailto:kelechi.dibie@gatesheadcarers.com)

**Name** (Please print): \_\_\_\_\_

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