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| **Carer Positive Registration Form** |
| The Council’s Carer Positive Register is a formal list of employees who have identified themselves as unpaid carers. The purpose of the register is to help to identify carers within the Council to ensure that they receive appropriate support and information. Acceptance on the Carer Positive Register is conditional upon employees meeting the qualifying criteria set out in the Carer Positive Guidance and detailed on this form.  |
| **Personal Details** |
| **Name:**  |
| **Job Title:** | **Service:** |
| **Work Location:**  | **Home Address:** |
| **Employee Number:** | **Contact Number:** |
| **Contact Email Address:**  |
| **Application/Eligibility Criteria** |
| I would like to apply to for inclusion on the Council’s Carer Positive Register. I am making this application as I have caring responsibilities as defined within the Carer Positive Policy and Guidance.I confirm:  |
| I am an unpaid carer as outlined in the Carer Positive Policy & Guidance | [ ]  |
| I have provided evidence of my caring responsibilities, for example from my GP or local Carers Centre  | [ ]  |
| I have 26 weeks continuous service | [ ]  |
| Please provide details if you share caring responsibilities with another Council employee: |
| **Consent and Declaration** |
| I consent to HR sharing this information with my line manager in the event that I request a period of Carer Positive Leave. I consent to being contacted with information relevant to my inclusion on the Carer Positive Register.I confirm that all information I have given on this application form for the Carer Positive Register is accurate. If this request is found not to be genuine the Council’s Disciplinary Procedures will be applied.  |
| **Signature:****Date:** |
| Please send completed registration forms along with appropriate evidence to HR@highland.gov.uk  |