

# Forth Valley Carers Card Pilot

## Stirling Carers Centre Card Application Form

PLEASE COMPLETE IN BLOCK CAPITALS

Full name:

Date of Birth:

Address:

Postcode:

Telephone Number:

Email Address:

I care for my:

His/her condition(s):

By registering for the card you consent to Stirling Carers Centre contacting you during and at the end of the pilot period for your feedback on the card and how you have used it.

I prefer to be contacted by:  Telephone  Email  Post

### Equal Opportunities Monitoring

You do not have to provide this information, but doing so gives us valuable information that will help in the development of the card.

Gender:  Male  Female

Ethnicity:

Age Range:  18-35  35-59  60-74  75+

Please return your completed form to FREEPOST RTKY-YHUE-KZAX,  
Stirling Carers Centre, 65-69 Barnton Street, Stirling, FK8 1HH.

All personal information provided is kept in accordance with the Data Protection Act 1998.

Office Use Only:

Form received DD/MM/YY      Photo taken DD/MM/YY

Card issued DD/MM/YY

