

Date and year

Address

Address

Address

Postcode

To the Practice Manager at xxxx Practice,

I'm writing to ask to be recorded as an unpaid carer on my GP patient record.

(Delete as necessary) I have / have not yet been called forward for my COVID-19 vaccination, but wish to be registered so that I can be offered the COVID vaccination and / or offered other health information and vaccinations such as the annual flu vaccination. I believe this will also be helpful so that the health needs of the person I care for can be considered should anything happen to me.

I understand that accessing health information and vaccinations as a carer requires relevant coding to be added to my GP health record. I also understand that the GP, or a member of the GP practice, may need to discuss this with me before my record is changed.

Adult unpaid carers have been prioritised within cohort 6 of the JCVI advice for the first phase of COVID-19 vaccination.

More guidance in the Green Book then defines eligible unpaid carers as: *'Those who are eligible for a carer's allowance, **or those who are the sole or primary carer of an elderly or disabled person who is at increased risk of COVID-19 mortality and therefore clinically vulnerable (see note).***

In a note it adds: *'Those clinically vulnerable to COVID include children with severe neuro-disabilities, those who are designated Clinically Extremely vulnerable (CEV), adults who have underlying health conditions (as defined in table 3), and those who need care because of advanced age. Eligible carers should be vaccinated in priority group 6.'*

You can find the reference on page 10/11 of the Public Health England Green Book [JCVI guidance](#) and the NICE guidelines for those who provide unpaid care are [here](#).

I can confirm that I believe I fall within this definition as I am a main carer for someone who is at high risk of coronavirus because they:

(Tick all that apply)

- ☐ are of a senior age
- ☐ have been shielding
- ☐ have a serious underlying long-term physical or mental health illness
- ☐ are disabled with complex needs and over the age of 16
- ☐ are at risk because of other reasons: *(please give details)*.

I confirm that I provide day-to-day personal care to the person I care for and I am happy for a member of the GP practice team to ask me about this person, and the care I provide if needed.

(Delete as necessary) I have / do not have a mobile phone. I confirm that the GP practice may contact me using the mobile phone number stated below.

As I am writing to ask to be recorded as an unpaid carer on my GP patient record, I hope the practice will contact me if the GP requires more information before making the decision about updating my health record.

Thank you.

Yours faithfully,

NAME

Address

Contact details

Mobile phone and permission to use for text messages from the GP practice.

NHS number