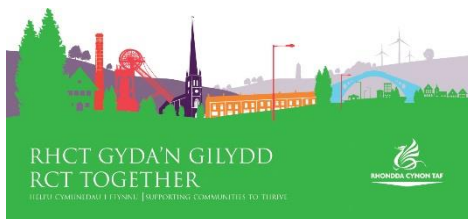




Llywodraeth Cymru
Welsh Government



Participant Enrolment/Declaration Form

| | | | |
|---|-----|--|----|
| Name | | | |
| Date of Birth | | | |
| Age at time enrolment | | | |
| Address and Post Code | | | |
| I confirm that I am an unpaid carer (except for Carers Allowance) for a partner, family member or friend who, due to an illness, frailty, disability, mental health problem or addiction, cannot cope without my support. | Yes | | No |
| Participant Signature | | | |
| Parent or Guardian Signature (if under the age of 18) | | | |
| Date | | | |