



REGISTRATION FORM

SENIORS THERAPEUTIC CENTRE

caregiver identification tag

All fields marked with an asterisk (*) are required.

CAREGIVER DETAILS

Title: (Ms., Mr., Mrs., Dr.)* _____

First Name* _____ Last Name* _____

Street Number and Name* _____

City* _____ Province* _____ Postal Code* _____

Telephone Number* _____

Do you have an email address? If so, please provide one here.

I provide unpaid care for someone who needs help due to disability or ill health.
This includes caring for a family member, loved one or friend without receiving pay.*

Yes No

I care for multiple people.*

Yes No

On average how many hours per week do you provide care*. _____

I consent to my personal information being collected and shared to better support me as a Caregiver (i.e., to refer to other organizations to provide resources / support).*

Yes No

Please provide a photograph of yourself so we can create a Caregiver Identification Badge. Please try to follow the guidance for the photograph. If you are having difficulties with this please contact the issuing agency.

If you are emailing your photo, the file should be labeled **FirstName-LastName.jpg**
Minimum resolution 200 X 230, 96 DPI. (DPI: right click the file > select properties > details.)

How did you hear about Caregiver ID
