

Use this certificate to get a health or social care professional to confirm that the person you look after needs the care you provide. To find out more, see **page 4** of the **Notes**.

You only need to fill in this certificate if we have told you to in **Part 2** of the application form.

The health or social care professional must know the person you look after.

Please fill in **Part 1** with the name and details of you, the carer.

This certificate can be signed at **Part 2** by:

- the person being cared for, or
- the appointee or legal representative of the person being cared for, or
- the parent or guardian if the person being cared for is aged under 16.

A signature at **Part 2** is **not** compulsory, but the health or social care professional **must** fill in and sign **Part 3**.

You will need to send us a **Care Certificate** for each person you look after who does not get one of the benefits shown on **page 2** of the **Notes**.

For help with this certificate:

- read the section called **Care Certificates** on **page 4** of the **Notes**
- visit [www.nidirect.gov.uk](http://www.nidirect.gov.uk)
- phone the Benefit Enquiry Line on **0800 220 674**
- phone us on **028 9090 6186**, or
- write to us at:  
Disability and Carers Service  
Castle Court  
Royal Avnue  
Belfast  
BT1 1HR

If you have speech or hearing difficulties, you can contact us by textphone on **0800 243 787**.

## Part 1 – About the carer

Full name of carer

Carer's National Insurance number

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

How many hours a week do you care for the person you look after?

 hours a week

## Part 2 – About the person being cared for

Full name of person being cared for

National Insurance number of person being cared for

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

For the purpose of this application for Carer's Credit, I give my consent for a health or social care professional to give details of how much care I need.

Signature

Date

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## Part 3 – Confirmation of care needs by a health or social care professional

A health or social care professional must answer the questions below.

By *health or social care professional* we mean a person like a district nurse, occupational therapist, social worker, MIND case worker, or community psychiatric nurse.

Full name of health or social care professional

Job title

Organisation name

Organisation address

Postcode								

Daytime phone number

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What is your professional relationship with the person named in Part 2 of this form?

Do you agree that the person named in Part 2 needs the weekly amount of care stated in Part 1?

No  Do not sign this certificate.

Yes  Please sign and date below.

### Certification

I confirm that the person named in Part 2 of this certificate is known to me or to a member of my organisation.

I certify that the person named in Part 2 of this certificate needs the weekly amount of care stated in Part 1.

Signature of health or social care professional

Date

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