

Do you consider yourself to have a disability Yes No

Ethnicity of the Carer

Do you consider yourself to be:

White:

British

Irish

Other please specify: _____

Black or black British:

African

Caribbean

Other please specify: _____

Asian or Asian British:

Bangladeshi

Indian

Other please specify: _____

Chinese or other ethnic group:

Chinese

Dual or multiple heritage:

White or Asian

White and Black African

Any other white background
Please specify: _____

Any other ethnic background:

Please specify: _____

How did you hear about the Emergency Card?

Would you like information on the following services?

Carers Together Message in a Bottle Coast & Country

Homecall Allied Healthcare Group Keysafe

Thank you for completing the Carers Emergency Card Scheme Form. Please return to: -
Carers Emergency Card Scheme
Carers Together
23 Queen Street
Redcar
TS10 1AB

Please note: the scheme can only be activated once your Emergency Card has been issued.

Section 4. Declaration

I agree that the contacts named can be telephoned in an emergency and that it is my responsibility to ensure that the Emergency Contacts are made aware of medical details.

I agree with the information being shared with other statutory agencies i.e. Social Services, Health or Police if it enables appropriate action to be taken for the person I care for.

Carer's Signature: _____ Date: _____

Cared for Person's Signature: _____ Date: _____

For office use only

Entered on screen signature: _____ Date: _____

Amendments:

Email sent to Carers Together Signature: _____ Date: _____

**REDCAR & CLEVELAND
CARERS EMERGENCY CARD**

The information provided is protected by the Data Protection Act 1998 and will be treated in strict confidence.



For office use 500/

(If the cared for person is unable or unwilling to provide their details and sign the form leave the first part of Section 1 blank and go straight to **Medical Condition**)

PLEASE PRINT CLEARLY IN BLACK INK

Section 1. Cared for Persons Details

Mr Mrs Miss Ms Forename: _____ Surname: _____

Date of Birth: _____ Marital Status: _____

Address: _____

Postcode: _____

Home Tel No: _____ Mobile Tel No: _____ Work Tel No: _____

Are there other persons residing in the household Yes No

Name: _____	Relationship to cared for person: _____	Date of Birth: _____
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Access difficulties— e.g. Do you use the back door? Any special instructions to find the house?

Are there any pets in the house? Please specify: _____

Is the cared for person registered with Key Safe? Yes No or Homecall? Yes No

Medical condition of the cared for person:

Medical Condition: _____

Medication Yes No If yes, where is it kept? _____

Allergies Yes No Please detail _____

Is the cared for person in the Message in a Bottle Scheme? Yes No

Any other comments: _____

In the event of an emergency, should the cared for person be notified? Yes No

How long can the cared for person be left on their own?

Never 1—2 Hours 2—4 Hours 1 Day Indefinitely

GP's Name: _____ Tel No: _____

Address: _____

Postcode: _____

Does the person you care for have a key worker/care manager/social worker? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, Name / Job Title:	
Daytime Tel No:	Evening Tel No:
Timetable: Contact names and number of day centres, schools, relatives etc. that the cared for person regularly attends.	
Mon:	Times:
Tue:	Times:
Wed:	Times:
Thurs:	Times:
Fri:	Times:
Sat:	Times:
Sun:	Times:
Is the cared for person ever left in a car while you are out together ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, Car Make:	Car Model:
Car Colour:	Car Registration No:

Section 2. Carers Details

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Forename:	Surname:
Date of Birth:	Relationship to cared for person:	
Address:		
Postcode:		
Home Tel No:	Mobile Tel No:	Work Tel No:
GP's Name:	Tel No:	
Address:		
Postcode:		

Section 3. Emergency Contact Details (Please prioritise your contacts)
N.B. THE CARER CANNOT BE LISTED AS AN EMERGENCY CONTACT

1st Emergency Contact		
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Name:	
Are they a key holder for the cared for person? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Relationship to the carer:		
Address:		
Postcode:		
Home Tel No:	Mobile Tel No:	Work Tel No:
2nd Emergency Contact		
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Name:	
Are they a key holder for the cared for person? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Relationship to the carer:		
Address:		
Postcode:		
Home Tel No:	Mobile Tel No:	Work Tel No:
3rd Emergency Contact		
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Name:	
Are they a key holder for the cared for person? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Relationship to the carer:		
Address:		
Postcode:		
Home Tel No:	Mobile Tel No:	Work Tel No:
4th Emergency Contact—Emergency Card+ (Only available if the person you care for is aged 18 or over)		
<p>In the event that we are unable to contact any of the above emergency contacts, you can nominate Allied Healthcare Group as your 4th emergency contact. They can provide a free temporary care service for up to 48 hours. To minimise disruption where possible, this care will be provided in the home of the person you care for until more permanent arrangements can be made. This enhanced service is known as Emergency Card+.</p> <p><input type="checkbox"/> I do wish to take advantage of this service. Please forward my details to Allied Healthcare Group. I understand they will contact me to make arrangements to complete a support plan.</p> <p><input type="checkbox"/> I do not wish to take advantage of the temporary care service offered.</p>		
<p>Please note: you will not be covered by the Emergency Card+ scheme until you have completed a support plan with Allied Healthcare Group.</p>		
		