



CARERS EMERGENCY CARD REGISTRATION FORM

If you need help to fill out this form, please contact the **CarersLine**
0117 965 2200
10am – 1 pm Monday – Saturday

Below, we ask for sensitive information about access to the home of the person you care for, their needs and details of their health. This information will be stored confidentially and will be used solely for the purpose of ensuring that the person you care for is not left at risk in the case of your having an accident or health emergency & for monitoring purposes

Carer's Details

Full name of carer:			
Address (including postcode):			
Your relationship to person cared for:		Date of birth:	
Ethnicity (i.e. White British, Caribbean, Pakistani etc):			
Home tel. number:		Mobile	
		E Mail	
Who do you pay your council tax to?	Bristol		South Gloucestershire

Details of Person Cared For:

Full name:			
Address (& P. Code) <i>If different</i>			
Date of Birth:			
Ethnicity (i.e. White British, Caribbean, Pakistani etc):			
Home tel. number:		Mobile	
		E Mail	
Can this person speak English? (Circle one if not please answer question below)			Yes No
If cared for person doesn't speak English – what is their first language _____			
Would they need an interpreter?		Yes No	

What difficulties/disabilities does the person you care for have?

Arthritis	Diabetes	Cancer	Cerebral Palsy
Dementia/ Alzheimers	Behaviour/ Developmental Issues	Elderly/Frail	Epilepsy
Hearing Loss	Heart Condition	Substance Misuse	Parkinsons
Mental Health	Learning Disability	Multiple Sclerosis	Stroke
Illness (Non Life Threatening)	Illness (Life Threatening)	Physical Disability	Other Conditions
Terminal Illness	Visual Loss		

Diagnosis: _____

Please answer yes or no to the statements below and put any comments in the space provided.

The person I care for can

Comments/additional information
(continue on separate sheet if necessary)

- a. communicate verbally
- b. manage their own medicines
- c. wash/dress themselves
- d. answer the door
- e. answer the phone
- f. go to the toilet alone
- g. get themselves something to eat/drink

Yes	No	
Yes	No	
Yes	No	
Yes	No	
Yes	No	
Yes	No	
Yes	no	

In an emergency, is there anyone who the Emergency Communication Team could contact to take over some of, or the entire caring role?

Yes	No
-----	----

Contact 1:

Name:		Relationship:	
Address:			
		Post code:	
Telephone number:		Mobile:	

Contact 2:

Name:		Relationship:	
Address:			
		Post code:	
Telephone number:		Mobile:	

Have you discussed this scheme with your contacts, and do you have their agreement to be a contact?

Yes	No
-----	----

Do your contacts agree to the Carers Centre and the Emergency Communications Team holding the above details securely?

Yes	No
-----	----

Does the person you care for take medication that is vital for their well-being?

Yes	No
-----	----

If yes, please give details of what the medication is, when it is given, and where it is kept as per example below: *(Please attach a separate sheet if necessary.)*

Location	Original Packs	Dossett Box (home filled)	Blister pack (Pharmacy Filled)	Name Of Drug	When To Be Taken
Kitchen cupboard			✓	Aspirin	1 with breakfast

GP Details (for you and the person you care for) – Please give name, address and phone number:

<u>YOU</u>	<u>THE PERSON YOU CARE FOR</u>
Practice Name _____	Practice Name _____
Post Code _____	Post Code _____
Tel: _____	Tel: _____

Does the person you care for have a Social Worker / Health Visitor / Community Psychiatric Nurse / Home Care, or other health/care professional?

Yes	No
-----	----

If yes, please give name and professional role. Please give phone number if known:

Are there any unfriendly animals in the home, or other safety risks?

Yes	No
-----	----

If so, please give details.

Please give names, addresses and phone numbers below for your key holders and/or your key safe location. *Please send key safe code in separate envelope with your name only.*

Key Safe Location	Key holder 1	Key holder 2

Are your key holders aware that their details will be held securely by the Emergency Communications Team and that they may be contacted in an emergency?

Yes	No
-----	----

Please note that the Princess Royal Trust Carers Centre cannot be responsible for damage to property if access is not available and emergency services need to gain access.

If the person you care for attends any regular daytime / evening activity, e.g. day centres, lunch clubs, school, etc ? (Please complete details below)

Activity _____ Address _____ Tel: _____ Days (please circle all that apply) Sun Mon Tue Wed Thur Fri Sat Times: _____	Activity _____ Address _____ Tel: _____ Days (please circle all that apply) Sun Mon Tue Wed Thur Fri Sat Times: _____
---	---

If the person you care for makes trips out with you in your car, please give details:

Make		Colour		Reg. No.	
------	--	--------	--	----------	--

Have you any other information for the emergency services, particularly if they need to enter the person's home?

If you have any additional comments or information you would like to share with us, please attached a separate sheet of paper to this form.

I agree to this information being kept at the Emergency Communications Desk and the Carers Centre solely for the purpose of ensuring that the person I care for is not left at risk in the case of an accident or emergency. I understand that the Carers Centre will be informed if I use the Card so that they can monitor the back-up service provided by Community Care.

Signature: (Carer)

Date

Signature: (Cared for)

Date

If the person cared for cannot sign, has this scheme been discussed with them? (circle one)

Yes	No
-----	----

I understand my contact details will be added to the Princess Royal Trust Carers' Centre database, so that I can be kept informed of services provided to carers.

Yes	
-----	--

Tick here if you do **not** want to receive our quarterly newsletter

Where did you hear of the Carers Emergency Card?

Website

Please Tick All that Apply

Emergency Card Leaflet		Community & Adult Care		GP Surgery	
Carers Centre Worker		District/Community Nurse		Hospital	
Library		Other Charity/Agency		Friends/Family	
School		Another Carer		Other	

Please return this form to :-

Princess Royal Trust Carers' Centre, FREEPOST (SWB1782), Fishponds, Bristol. BS16 2ZZ.