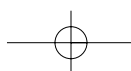


North Yorkshire and York **NHS**
Primary Care Trust



In an emergency, is there anyone who Warden Call Control Centre can contact to take over some or the entire caring role for an interim period? This can be a family member, neighbour or friend even if they live or work outside York.

Yes / No

It is important that all your contacts agree to their details being included on this form, and that this information will be stored by Social Services, Warden Call and the Carers Centre for the purposes of this scheme.

If your contacts are not available Warden Call Control Centre will automatically make the necessary emergency arrangements.

Contact 1

Full name: _____

Address: _____

Post Code: _____

Telephone numbers:

Home: _____ Work: _____ Mobile: _____

What is their relationship to the cared for person? _____

Contact 2

Full name: _____

Address: _____

Post Code: _____

Telephone numbers:

Home: _____ Work: _____ Mobile: _____

What is their relationship to the cared for person? _____

Contact 3

Full name: _____

Address: _____

Post Code: _____

Telephone numbers:

Home: _____ Work: _____ Mobile: _____

What is their relationship to the cared for person? _____

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.

It is important that you complete all sections as fully as possible.

Details of the GP of the cared for person:

Name: _____ Surgery: _____

Address: _____

Post Code: _____ Telephone number: _____

Is the person cared for taking any vital medications? Yes / No

If yes, please give details of the medication, dosage, when it is given, and where it is stored:
(You can send in an up-to-date prescription list if this is easier)

Please give details of the person's physical and mental health needs, any religious or spiritual needs and dietary requirements that Warden Call need to be aware of. Please be as specific as you can. (e.g. communication difficulties, sensory impairments, personal care, managing medication, toiletry needs. Can they answer the door and telephone?)

Does the cared for person have a Social Worker / Health Visitor / Community Psychiatric Nurse / Home Care, or other health / care professional? Yes / No

If yes, please give details:

Name / Agency	What they do	When they visit or service takes place	Contact number

Please state if English is not your spoken language what is? _____

Are there any animals or other safety risks in the home? This may also include behaviour of the person being cared for if a stranger were to enter the home. Yes / No

If yes, please give details:

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Does any other person(s) / agency have keys to access your property in an emergency? (If there is a key safe, please give location and send key safe code in a separate envelope with your name only). Yes / No

If yes, please give details:

Name	Address	Telephone Number	Key Safe Location

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

--

Are you a Regular and Substantial Carer? Yes No Don't Know

Have you been offered a Carers Assessment of Need or Young Carers Assessment if you are aged under 18? Yes No Don't Know

Have you been offered information relating to Warden Call and Telecare services? Yes No Don't Know

The Carers Centre sends out information to carers registered on their database, would you like to receive this information? Yes No Already Receive

If you have answered No or Don't Know to any of the above questions would you like us to send you some information on these services? Yes No

Have you discussed this scheme with your contacts and do you have their agreement to be a contact? Yes No

We cannot register you if you have named contacts and do not have their permission.

Do you give permission to share information with other agencies to provide support and services in an emergency? Yes No

Additional Information: Is there anything else we need to know?

I agree to this information being held by Warden Call, Social Services and York Carers Centre solely for the purpose of ensuring that the person I care for is not left at risk, if due to an accident or emergency I am unable to care for them.

Signature of Carer

Date:

If the Carer is under 18 years of age parental / guardian's signature is required.

**Signature of Parent
/ Guardian**

Date:

I understand that Social Services may need to share information with other agencies about me where it is appropriate and in my best interests.

**Signature of Cared
for Person**

Date:

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

Yes No

If the person you care for has not signed this form and / or you have been unable to discuss the scheme with them, please say why in the box below.

If you do not we will not be able to register you on this scheme.

Please say if you are an appointee or have Power of Attorney.

Information held will be monitored to ensure quality assurance processes are followed.

Where did you hear about the Carers Emergency Card Scheme?

I am happy to participate in the evaluation of this scheme:

Yes No

Office Use Only: Date Registered:

Card Sent

We are required to collect the following information on ethnicity for monitoring purposes:

Carer: What is your ethnic group?

A White

- 1 British
- 3 White Other
- 5 Irish Traveller

- 2 Irish
- 4 Roma / Gypsy
- 6 Other: please state

B Mixed

- 7 White and Black Caribbean
- 9 White and Asian

- 8 White and Black African
- 10 Any other mixed background:

C Asian or Asian British

- 11 Indian
- 13 Bangladeshi

- 12 Pakistani
- 14 Any other Asian background

D Black or Black British

- 15 Caribbean
- 17 Any other Black background:

- 16 African

E Chinese or other ethnic group

- 18 Chinese

- 19 Any other:

- 20 Prefer not to say

Please return the completed form in the enclosed freepost envelope, to **York Carers Centre, Carers Emergency Card, 17 Priory Street, York, YO1 6ET**

For further information on how the Carers Emergency Card Scheme works, please contact York Carers Centre on **01904 715490**