



Carers Emergency Card Registration Form

If you need help to complete this form please contact York Carers Centre on: **(01904) 715494** or email: card@yorkcarerscentre.co.uk. The office is open 9am to 5pm Monday to Thursday. On Friday there is an answer phone.

Carer's details

Office use only. Card number	
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Full name: _____

Address: _____

Postcode: _____ Date of birth: _____ Age: _____

Telephone numbers. Home: _____ Work: _____

Mobile: _____

Email address: _____

If English is not your spoken language what is? _____

Details of the person you care for

Full name: _____

Address: _____

Postcode: _____ Date of birth: _____ Age: _____

Telephone numbers. Home: _____ Work: _____

Mobile: _____

Email address: _____

What is their relationship to you? (eg mother, friend) _____

What is their condition/disability _____

Does the person cared for live alone? Yes / No

If **no**, who do they live with? (children, siblings, another adult)

Name	Age	Relationship to carer

Emergency contacts

In an emergency, is there anyone who Warden Call 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 emergency contacts agree to their details being included on this form, and that this information will be stored by Social Services, Warden Call and York Carers Centre for the purposes of this scheme. If your contacts are not available Warden Call will automatically make the necessary emergency arrangements.

Contact 1

Full name: _____

Address: _____

Postcode: _____ Date of birth: _____ Age: _____

Telephone numbers. Home: _____ Work: _____

Mobile: _____

What is their relationship to the cared for person? _____

Contact 2

Full name: _____

Address: _____

Postcode: _____ Date of birth: _____ Age: _____

Telephone numbers. Home: _____ Work: _____

Mobile: _____

What is their relationship to the cared for person? _____

Contact 3

Full name: _____

Address: _____

Postcode: _____ Date of birth: _____ Age: _____

Telephone numbers. Home: _____ Work: _____

Mobile: _____

What is their relationship to the cared for person? _____

Detailed information about the person you care for

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 is stored confidentially and is only used 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.**

GP information of the person you care for

Name: _____ Surgery: _____

Address: _____

Postcode: _____ GP telephone number: _____

Medicines and other health information

Does the person you care for take any vital medication? Yes / No

Does this medication change frequently? Yes / No

If medication changes frequently please give details about where in the home up to date information about the medication can be found. If it does not change frequently please list 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)

Give details of the person's physical and mental health needs, any religious or spiritual needs and dietary requirements that Warden Call needs to be aware of. 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 person you care for have a Social Worker, Health Visitor, Community Psychiatric Nurse, Home Care, or other health care professional? If yes, please give details:

Name / Agency	What they do	When they visit	Contact number

Access to the home of the person you care for

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

If yes, please give details:

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

Name	Address	Telephone number	Key safe location

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

Additional information

Is there anything else we need to know?

Where did you hear about this scheme? _____

About you (please circle the correct answer)

- 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 about Warden Call and Telecare services? Yes No Don't know
- If you have answered 'No' or 'Don't know' to any of these questions would you like us to send you some information about them? Yes No
- The Carers Centre sends out information to carers registered with them. Would you like to receive this information? Yes No Already receive
- Have you discussed this scheme with your contacts and do they agree to be a contact? **We cannot register you if you have named contacts and do not have their permission** Yes No
- Do you give permission to share information with other agencies to provide support and services in an emergency? **We cannot register you on the scheme if you do not give permission** Yes No

Sign this registration form

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 we need the parental / guardian's signature.

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 the Person You Care For: _____ 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, say why in the box below. **If you do not we will not be able to register you on this scheme.** Say if you are an appointee or have Power of Attorney. Information held will be monitored to ensure quality assurance processes are followed.

I am happy to help the Carers Centre review the scheme in the future Yes / No

Office Use Only: Date Registered:

Card Sent:

Monitoring information

We need to collect the following information about ethnicity for monitoring purposes.

Carer: What is your ethnic group? (tick the appropriate box)

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

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, contact York Carers Centre on **(01904) 715494**, email card@yorkcarerscentre.co.uk or visit our website www.yorkcarerscentre.co.uk.