

# Carers' emergency card registration form

## Office use only

Carer PIN: \_\_\_\_\_ Date of registration: \_\_\_\_\_

DCS: \_\_\_\_\_ DCE: \_\_\_\_\_

## Your details

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Tel. no: \_\_\_\_\_ Mobile no: \_\_\_\_\_

Relationship to the person cared for: \_\_\_\_\_

Your date of birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

## Details of the person you care for

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Tel no: \_\_\_\_\_ Mobile no: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

## Details of the GP of the person you care for

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Tel. no: \_\_\_\_\_

Please give the name and professional role of any social worker, care manager or other health professional involved in their care if known.

\_\_\_\_\_

## Medication:

Do they take medication that is vital for their well-being? Yes ☐ No ☐

If **yes** please provide details of the medication and when it is taken. What is the support needed? For example: get a glass of water, prompting, opening the container. Is the medication overseen by a paid care worker?

Name of medication	Times given/taken	Support needed

Where is the medication kept?

---

If **yes** is it safe to allow the person to manage their own medication if they tell us they can?

Yes ☐ No ☐

Do they have any medical, dietary or skin allergies?

Yes ☐ No ☐

If **yes** please give details

---

---

---

---

---

---

## Health: physical/mental/emotional:

- Do they have restricted mobility or need assistance to get around?
- Do they have any behaviour that we should be aware of: e.g unsettled around strangers?
- Do they have any memory problems?
- What is the nature / name of the illness, condition or disability if known?

## Communication:

Is English the first language of the person you care for? Yes ☐ No ☐

If **no**, what is their first language and do they require an interpreter?

---

---

Does the person you care for have any sight or hearing impairment? Yes ☐ No ☐

If **yes** please give details:

---

---

Do they use complementary communication methods such as PECS or Makaton?

PECS Yes ☐ No ☐

Makaton Yes ☐ No ☐

Is there information that will enable emergency response to communicate with the person for whom you care e.g. speak clearly, make eye contact.

---

---

## Daily life:

Does the person have regular care from a care agency? Yes ☐ No ☐

If yes, which agency? \_\_\_\_\_

How often? \_\_\_\_\_

If there is a care plan/one page profile where is it kept? \_\_\_\_\_

Does the person you care for attend any regular daytime or evening activity? For example day centres, lunch clubs, after school activities?

Yes ☐ No ☐

If yes please include the times and contact details – use an additional sheet if necessary

---

---

Does the person you care for attend school/college? Yes ☐ No ☐

If yes please include the days, times and contact details and name of tutor/teacher

---

---

What do you usually do for the person you look after?

Do you prepare their meals Yes ☐ No ☐

Do you help them to eat their meal Yes ☐ No ☐

Do you have to prepare all drinks Yes ☐ No ☐

Do you have to help them drink, or ensure they drink enough Yes ☐ No ☐

Do you help them go to the toilet Yes ☐ No ☐

Do you help them get washed and dressed Yes ☐ No ☐

Anything else at all that will help us support and care for the person you look after during the day

---

---

---

Anything else at all that will help us support and care for the person you look after during the night

---

---

---

Does the person have any particular dietary needs

---

---

---

## Access:

Is there a key safe? Yes ☐ No ☐

Location: \_\_\_\_\_

Is there an intruder alarm fitted? Yes ☐ No ☐

If yes what is the location of the control panel?

**Send code number in separate envelope with only your name on the outside**

## Key holder

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel no: \_\_\_\_\_ Mobile no: \_\_\_\_\_

If there is more than one Key Holder note the details on the additional information sheet at the end.

By giving this information you are agreeing that you have discussed this with the key holder and that they know Wiltshire Council has their details.

**Does the person you care for have a personal alarm pendant or telecare equipment? e.g. Lifeline:**

Yes ☐ No ☐

If yes, please give the name of the supplier and telephone number:

\_\_\_\_\_

## Emergency contacts:

By giving this information you are agreeing that you have discussed this with the contacts listed below and that they know Wiltshire Council has their details.

**In an emergency is there anyone who Care Connect could contact to take over some, or the entire caring role?**

If you do not have any contacts you can still join the scheme. Care Connect will automatically call the Department of Community Services (DCS) or the Children's Disability Team (DCE) to make arrangements in an emergency or the Emergency Duty Service if the call is out of hours.

### Contact 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Daytime tel no: \_\_\_\_\_

Mobile no: \_\_\_\_\_

Evening tel no: \_\_\_\_\_

Relationship to person cared for: \_\_\_\_\_

\_\_\_\_\_

### Contact 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Daytime tel no: \_\_\_\_\_

Mobile no: \_\_\_\_\_

Evening tel no: \_\_\_\_\_

Relationship to person cared for: \_\_\_\_\_

\_\_\_\_\_

## Other contacts:

Is there anyone else who needs to be informed but would not be able to take over the caring role?

### Contact 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Daytime tel no: \_\_\_\_\_

Mobile no: \_\_\_\_\_

Evening tel no: \_\_\_\_\_

Relationship to person cared for: \_\_\_\_\_  
\_\_\_\_\_

### Contact 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Daytime tel no: \_\_\_\_\_

Mobile no: \_\_\_\_\_

Evening tel no: \_\_\_\_\_

Relationship to person cared for: \_\_\_\_\_  
\_\_\_\_\_

## For car owners:

Is the person you care for left in a car on occasions: Yes ☐ No ☐

If yes:

Car make: \_\_\_\_\_ Car model: \_\_\_\_\_

Car registration no: \_\_\_\_\_ Car colour: \_\_\_\_\_

## Your consent:

Please confirm that in the event of an emergency, you agree that we may share the information on this form with anyone named in it, or with professionals and agencies that may be involved in providing emergency care.

The information will not be shared unless the plan needs to be put in place.

Signature (carer)	Date	Signature (cared for)	Date

If the person cared for cannot sign, has this scheme been discussed with them? It is not necessary for children under 16 who are cared for to sign: Yes ☐ No ☐

Please let us know where you heard of the Carers' Emergency Card?

\_\_\_\_\_

Are you registered with your GP as a carer? Yes ☐ No ☐

GPs can be a valuable source of support for carers. They have a good knowledge of local services and support organisations, and may also provide other services such as regular health checks and free flu jabs.

## **Additional information:**

Have you any other information that would be helpful for the emergency services, particularly if they need to enter the home of the person for whom you care?

For example:

Are there any siblings in the home? Are there any pets that we should be aware of and might need to be cared for? Does the person have specific personal needs that are not covered elsewhere in this form that we should be made aware of?

## **Additional key holder:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel no: \_\_\_\_\_ Mobile no: \_\_\_\_\_

## Additional support for carers in Wiltshire:

Some of the organisations that support carers in Wiltshire are listed here. By selecting Yes/No, you give us permission to make a referral on your behalf to the agency who will contact you with more information

### Assessment of carers' needs

If you are caring for an adult over 18 years of age and you are providing regular and substantial care you are entitled to ask for an assessment of carers' needs. This looks at your needs separately from the needs of the person you care for

Have you had an assessment of carers needs? Yes ☐ No ☐

If not, would you like an assessment of your needs? Yes ☐ No ☐

Support and information is available to parents and carers if you find caring for a child or young person with a disability or additional need is having an adverse effect on you or your family situation, or if you have a health condition that adds to the difficulties of undertaking the parenting role.

Would you would like to have someone from the Children's Disability Team telephone you to discuss this please indicate yes or no.

Yes ☐ No ☐

---

### Carer Support Wiltshire

Carer Support Wiltshire provides information, advice and support to carers including carer support groups, information packs and newsletters.

Yes ☐ No ☐ Already known to Carer Support Wiltshire ☐

---

### Wiltshire Parent Carer Council

The Wiltshire Parent Carer Council (WPCC) is a voluntary organisation managed and run by parent carers of disabled children and young people for parent carers of disabled children and young people from 0 - 25. Working closely with Wiltshire Council, NHS and other agencies, they offer a specialist Consultation and Participation service which enables parent carers to have a 'voice' about the services and support their children and families receive.

Yes ☐ No ☐ Already known to WPCC ☐

---

### ASK

Ask provides information, advice and services to parents and carers who care for children and young people up to 19 years. Support for statement issues, childminders, parenting advice and "find it" directory.

Yes ☐ No ☐ Already known to ASK ☐

---

### Carers' Voice

Carers' Voice is a panel of carers who are regularly consulted on a wide range of social care issues. Would you like to know more about Carers' Voice?

Yes ☐ No ☐ Already known to Carers Voice ☐

---

**Thank you for completing this form. Please return it to:**

**Carers Co-ordinator, Wiltshire Council, County Hall, Bythesea Road,  
Trowbridge, Wiltshire. BA14 8JN. Tel: 0800 066 5068**