

Carers Emergency Card Registration Form

If you need help to complete this form please contact York Carers Centre on:
(01904) 715 490 or email: enquiries@yorkcarerscentre.co.uk. The office is open
9am to 5pm Monday to Thursday and 9am to 4.30pm Friday.

Carer's details

Office use only.
Card number

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 (the person you care for must be over 18)

Full name: _____

What is their condition/disability? _____

Address: _____

Postcode: _____ Date of birth: _____ Age: _____

Telephone numbers. Home: _____ Work: _____

Mobile: _____

Email address: _____

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

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 Be Independent 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, Be Independent and York Carers Centre for the purposes of this scheme. If your contacts are not available Be Independent 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: _____

Health information

We need to know about physical, mental and emotional health of the person you care for. **Please give details about where in the home an up to date medication list can be found.** We also need to know if person you care for is diabetic, has heart problems or respiratory problems.

Give details of the person's physical and mental health needs, any religious or spiritual needs and dietary requirements that Be Independent 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?)

Is English the first language of the person you care for?

Yes

No

If **no**, what is their first language:

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:

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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, 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?

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Additional information

Is there anything else we need to know?

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Where did you hear about this scheme? _____

About you (please circle the correct answer)

Are you a Regular and Substantial Carer?

Have you been offered a Carers Assessment of Need (or Young Carers Assessment if you are aged under 18)?

Have you been offered information about Be Independent and Telecare services?

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?

York Carers Centre sends out information to carers registered with them. Would you like to receive this information?

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**

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**

Sign this registration form

I agree to this information being held by Be Independent, 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 Be Independent 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 for York Carers Centre to contact me annually to review the information in this form

Yes No

Please return the completed form to either:

- by email to enquiries@yorkcarerscentre.co.uk
- in the enclosed freepost envelope, to York Carers Centre, 17 Priory Street, York, YO1 6ET

For further information on how the Carers Emergency Card Scheme works, contact York Carers Centre on (01904) 715 490, email enquiries@yorkcarerscentre.co.uk or visit our website www.yorkcarerscentre.co.uk

Support for carers in York

York Carers Centre provides activities and support for unpaid carers of all ages, who live or care for someone who lives in York, because of illness, disability or addiction. This includes adult carers, young adult carers (18 to 25), young carers (5 to 18).



You can get free confidential advice and information on a range of issues including benefits, employment, training, carers' rights and how to plan for an emergency. Support can be given over the phone, at home or at York Carers Centre. We will also put you in touch with other organisations and forums that can support you. For more information visit www.yorkcarerscentre.co.uk

Be Independent is a Community Interest Company (CIC) formed from two services previously known as Community Equipment Loan Service (CELS) & Warden Call Service.



City of York Council may be able to help support the person you care for. They can help with practical support, such as adaptations and equipment, travel passes, parking badges and telecare. They also carry out Carers Assessments of Need. For more information visit www.york.gov.uk



York Carers Centre is a network partner of **Carers Trust**. Carers Trust is a national charity that works to improve support, services and recognition for anyone living with the challenges of caring, unpaid, for a family member or friend who has a physical or mental illness, disability or addiction. They aim to ensure that information, advice and practical support are available to all carers across the UK, via their network partners. For more information visit www.carers.org

