

|  |  |  |  |
| --- | --- | --- | --- |
| **STAFF**  **ONLY** | Carer number | Cared for Reference | Emergency Card no. |
|  |  |  |

**Carers Emergency Card**

**Personal Information (about you)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | Mr  Mrs  Miss  Ms | | Date of birth | /  /  dd/mm/yyyy | |
| First name |  | | Surname |  | |
| Address |  | | | | |
| Postcode |  | Relationship to the person cared for | | |  |
| Home phone |  | | Mobile phone |  | |
| Email |  | | | | |

**Cared for details (about the person you care for)**

(If address is the same as yours, leave address and postcode blank)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | Mr  Mrs  Miss  Ms | | Date of birth | /  /  dd/mm/yyyy |
| First name |  | | Surname |  |
| Address |  | | | |
| Postcode |  | Email |  | |
| Phone no. |  | Preferred language | |  |
| Religion |  | | Gender | Male  Female  Other |

|  |  |
| --- | --- |
| If there is a ‘Lifeline’ or ‘Personal Emergency Telephone’ installed at this address give the name of the Control Centre |  |

**Other Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Any pre-existing conditions we should be aware of (Please include allergies) | |  | |
| Easy access to property | Yes  No | Animals at the property | Yes  No |
| Key safe | Yes  No | Key safe location |  |

|  |  |
| --- | --- |
| Please state if there are any safety risks or anything else we should be aware of |  |
| Please state if there is anything we should do immediately in the event of an emergency |  |

**Emergency Contacts**

Do you have a Neighbour or Friend who can be contacted in an Emergency? Preferably a key holder *If so please state*

**Emergency contact 1**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr  Mrs  Miss  Ms | | | |  | | | |
| First name |  | | | | Surname |  | | |
| Address |  | | | | | | | |
| Postcode |  | | Relationship to the person cared for | | | |  | |
| Home phone |  | | | | Mobile Phone |  | | |
| Email |  | | | | | | | |
| Do they hold keys? | | Yes  No | | Has the contact given their consent | | | | Yes  No |

**Emergency contact 2**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr  Mrs  Miss  Ms | | | |  | | | |
| First name |  | | | | Surname |  | | |
| Address |  | | | | | | | |
| Postcode |  | | Relationship to the person cared for | | | |  | |
| Home phone |  | | | | Mobile Phone |  | | |
| Email |  | | | | | | | |
| Do they hold keys? | | Yes  No | | Has the contact given their consent | | | | Yes  No |

**CONDITIONS OF USE**

1. Once alerted to the need for assistance of a person dependent on the carer, Sefton Control Centre will attempt to contact the persons identified on this form.
2. If contact cannot be made then the police or social services will be contacted.
3. While every effort will be made to implement emergency assistance Sefton Control Centre cannot guarantee that persons contacted will be available or respond.
4. The carer cardholder is responsible for telling the Control Centre of any changes in the information contained on this form.
5. By filling out this form you agree to Sefton Carers Centre sharing this information with Sefton Control Centre who operate the service and that we will only use the information provided to register you for an emergency card and to administer the emergency card service.

**DECLARATION**

I’m applying for a ‘Carer’s Emergency Card’ and agree to bound by the ‘conditions of use’. By electronically signing/printing your name on this form you agree to the terms & conditions above.

|  |  |  |  |
| --- | --- | --- | --- |
| Sign/type here |  | Date | /  /  dd/mm/yyyy |

**Please send completed form to:**

***Sefton Carers Centre, 27 – 37 South Road, Waterloo, Liverpool, L22 5RF or email*** [***help@carers.sefton.org.uk***](mailto:help@carers.sefton.org.uk)

***Office use***

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Deregistration | /  / | Has the Control Centre been informed? | Yes  No |
| DOD (if applicable) | /  / |

|  |  |  |  |
| --- | --- | --- | --- |
| **Control Centre** | | | |
| Date details input to PNC | /  / | Date received | /  / |
| PNC Reference Number |  | Input by (name) |  |
|  | | | |
| **Sefton Carers Centre** | | | |
| Date Carer Card sent | /  / | Card Sent By | /  / |
| Reference no |  |  |  |