

# Carers' Emergency Card Scheme

## Registration Form



Office Use – Reference number: \_\_\_\_\_

This information will be treated in confidence and shared only in an emergency or if we are concerned with your welfare or the welfare of the person being cared for.

**Please complete in block capitals. Every section must be completed.**

<b>Carer details</b>			
Name:	_____	Date of birth:	_____
Address:	_____		
		Postcode:	_____
Telephone numbers:	Home: _____	Work: _____	Mobile: _____
<b>Details of the person being cared for</b>			
Name:	_____	Date of birth:	_____
Address:	_____		
Postcode:	_____		
Telephone numbers:	Home: _____	Work: _____	Mobile: _____
GP name and address:	_____		
<b>What is their illness or disability (please list all conditions, such as “diabetes – tablet controlled”/”dementia”/”deaf or hard of hearing”, etc</b>			
<b>What is their relationship to you: (Husband, Wife, Son, Daughter, Other)</b>			

<b>Emergency Contact</b>		
<b>Do you have a person to contact in an emergency?</b> (please circle)	<b>Yes</b>	<b>No</b>

You must ensure that the person(s) nominated has access to the property and will know what to do in an emergency.

**Nominated person 1 – First contact**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

Telephone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

**Nominated person 2 – Second contact**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

Telephone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

**Nominated person 3 –Third contact**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

Telephone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

**What if there is no nominated person?**

If you don't have a nominated person or the nominated person is not available, the Delta Wellbeing staff will contact Social Care Services who will respond and ensure that alternative arrangements can be made for the person being cared for.

**Information to share with the Emergency Services**

<b>Is the person you care for known to Social Care</b>	<b>Yes</b>	<b>No</b>
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(please circle yes or no)

If yes, please tell us which Social Worker or Team: \_\_\_\_\_

**What does the person you care for need help with?** (please circle yes or no)

Mobility – Needs assistance with walking/getting around / uses a wheelchair	<b>Yes</b>	<b>No</b>
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Washing and dressing	<b>Yes</b>	<b>No</b>
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General day to day support (maybe confused or prone to agitation)	<b>Yes</b>	<b>No</b>
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Preparing food and drinks (are there any dietary needs?)	<b>Yes</b>	<b>No</b>
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Taking tablets or other medicines	<b>Yes</b>	<b>No</b>
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Please add any other details here:

**How would the Emergency Services get in?** (Please describe who has a key or where the key is kept or how it can be accessed).

**Other support that the person being cared for receives**

Please tell us about any services already in place e.g. Home care /Day care

Service In Place	Name of Company	How Often

**Other information that is important**

Please tell us anything else that may be useful in an emergency, including whether you have a pet and what you want us to do with it.

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**In order for us to provide a responsive service it may be necessary for us to share this information with other agencies.**

I hereby agree that the above information can be held on file and used in an emergency situation.	
Carer's Signature: _____	Date: _____
Dependents Signature: _____	Date: _____
Nominee's Signature 1 _____	Date: _____
Nominee's Signature 2 _____	Date: _____
Nominee's Signature 3 _____	Date: _____

Completed forms to be returned to: **Delta Wellbeing, Eastgate, Llanelli, Carmarthenshire, SA15 3YF**