

yourlife yourcare yourchoice

Carer's Emergency Contact Scheme

What does the scheme offer?

Do you worry about what would happen to the person you look after if you are involved in an accident or emergency? If so, the Carers Emergency Contact Scheme offers peace of mind that the adult you care for will be looked after in such an emergency.

How does the scheme work?

Fill in the application form, giving as much information as possible. Details from the application form will be sent to Doncaster Council's Home Alarm Service and entered onto a database. You will be issued with a small credit card sized card with a unique PIN number (the card will not show your personal details).

After registration onto the scheme you will be contacted by housing21 who are providing the Carers Emergency Respite Service (CERS). They will arrange a home visit, to include you and the person you care for. This visit will establish a contingency care support plan based on the level of care normally provided.

CERS is a service funded by Doncaster Council to support carers in an emergency situation. The service can only be accessed through registration onto the Carers Emergency Contact Scheme and in the event of a carer's emergency unplanned situation.

If a carer is involved in an accident or emergency the phone number on the card is phoned by whoever is present and the Home Alarm Service then phone the nominated contacts given on the application form, if they are not available, or are unable to provide support, housing21 will be contacted and the agreed contingency plan will be put in to place. For more information about the scheme please contact **Doncaster Carers Service Age UK Doncaster on 01302 812827**

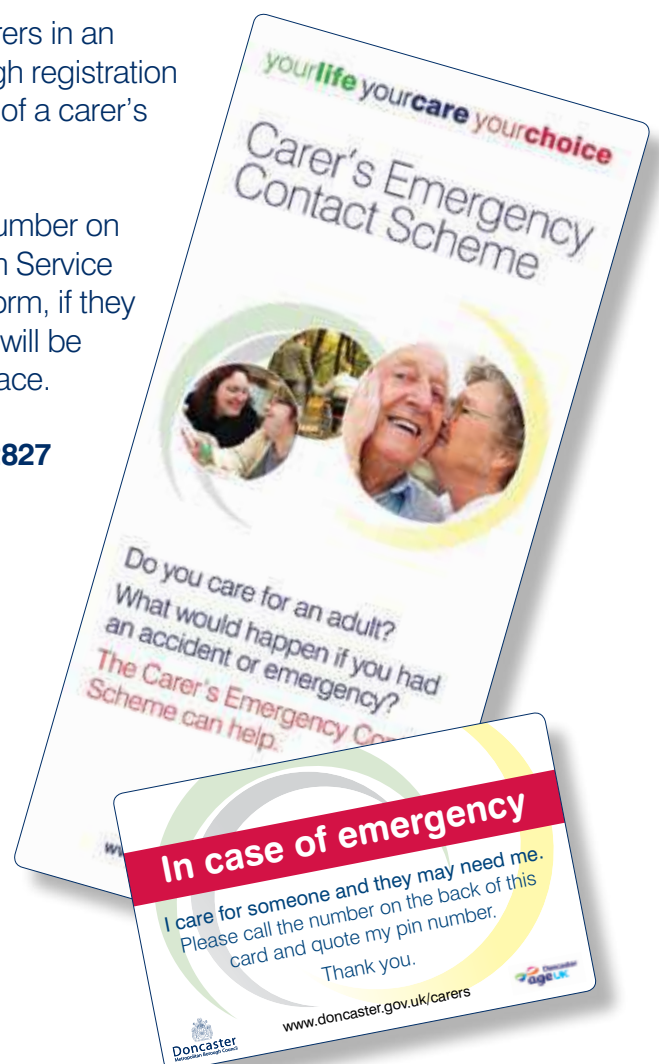
How to apply?

Section 1:

This section is all about the person you care for. It is important to give as much detail and information as possible. Please fill in all the boxes and if you feel we need to know anything else, complete the "other" section.

Section 2:

This section is all about you the carer. Again please give as much information as possible.



Section 3:

This section is for details of other people who in an emergency may be able to assist the person you care for. Please give details of up to two contacts if possible.

Note:

Please remember to get permission from all the people on the application form; there is a signature box in each section.

Data Protection Act 1998 Fair Processing

We need the information we are asking for on the application form for the purpose of providing this service. This information will only be passed on to Doncaster Carers Service Age UK Doncaster, Doncaster Council's Home Alarm Service and housing21 to enable registration on to the scheme. If the scheme is triggered in an emergency situation your details will be passed to Doncaster Council's Adult Contact Team. If you have any questions please get in touch with Doncaster Council's Home Alarm Service on 01302 737189.

The council will maintain and keep computer records of the details given on the application form for the purpose of providing this service and will keep any information supplied for such purpose confidential.

Did you also know?

Doncaster Council's Home Alarm Service operates the 24-hour helpline for the Carer's Emergency Contact scheme, and they also operate an Alarm Service. This Alarm Service is available to all elderly and vulnerable residents in the Doncaster area and operates 24 hours a day, 365 days a year.

Telephone: **01302 737189** for more information and an application pack
Email: **homealarmservice@doncaster.gov.uk**

Doncaster Carers Service is a service run on behalf of Doncaster Council by Age UK Doncaster. By working in close partnerships with other agencies we will improve the health and wellbeing of Adult Carers, improve choices and opportunities of Adult Carers and identify and assist more carers and move them forward.

Telephone: **01302 812827**
Email: **cmf@ageukdoncaster.org.uk**
Web: **www.doncastercarersservice.org.uk**

The Carers Emergency Contact Scheme is designed for emergencies only. If you can no longer cope with the care you provide, if you need to replace existing respite care, or if you want to organise long term care please contact:

Adult Social Care Services on **01302 737391**
or email **adultcontactteam@doncaster.gov.uk**
or visit the Council House on College Road, Doncaster, DN1 3AF
between 9.30am and 4pm Monday to Friday.



housing21


Doncaster
Metropolitan Borough Council


Doncaster
ageUK

Application Form for Carers Emergency Contact Scheme

Section 1 – About the person you care for

First Name:	Address	
Middle Name(s):		
Surname:		Postcode
Date of birth		*Client ID number For office use only
Telephone number (including STD):	Mobile number:	

Medical Problems (inc allergy's, disabilities):

Medication prescribed (please list)

Special Needs:
Hoist Oxygen
Other Please specify:

Religion:
Cultural Needs: Please Specify overleaf

Other: Please Specify

Details of any Care Agencies that visit:

Property Access Details:
Is there a dog/ animal in the property?
Please give details:

Keyholders (Name and Address):

Key safe number:

Any other information:

Name and contact details of client's doctor:

Postcode

Declaration

I agree to my details being registered with the Carers Emergency Contact Scheme:

Signature

Date:

Section 2 – Your Details – (The Carer)

Full Name of carer:	Daytime telephone number (including STD):
Date of birth	Evening Telephone number (including STD):
Address of carer:	Mobile number:
Postcode:	
Relationship to the person you care for:	

Declaration

I agree to my details being registered with the Carers Emergency Contact Scheme and I will inform the Home Alarm Service (01302 323444) of any changes to this information.

Signature	Date:
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Is there anyone else who can provide care for the person you care for if you are involved in an accident or an emergency? **YES/ NO.** If yes please continue.

Section 3 – Name of Emergency contact 1

Full Name:	Daytime telephone number (including STD):
	Date of birth
Address	Mobile number:
Postcode	

Declaration

I agree to be an Emergency Contact for the person named in Section 1 of this form.

Signature	Date:
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Name of Emergency contact 2

Full Name:	Daytime telephone number (including STD):
Address	Evening Telephone number (including STD):
Postcode <input type="checkbox"/>	Mobile number:

Declaration

I agree to be an Emergency Contact for the person named in Section 1 of this form.

Signature	Date:
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Doncaster Council has a duty under law to provide services without discrimination. We need to know whether our Adult care services are used by everyone who is entitled to use them, Please tick the appropriate boxes below:

	Carer	Cared for Person
White – British	<input type="checkbox"/>	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	<input type="checkbox"/>
White – Other European	<input type="checkbox"/>	<input type="checkbox"/>
White – Other	<input type="checkbox"/>	<input type="checkbox"/>
Asian/ British - African	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Asian British – Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Asian British – Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Asian British – Indian	<input type="checkbox"/>	<input type="checkbox"/>
Asian or British – Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Asian or British – Other Asian	<input type="checkbox"/>	<input type="checkbox"/>
Mixed – White and Black Asian	<input type="checkbox"/>	<input type="checkbox"/>
Mixed - White and Black African	<input type="checkbox"/>	<input type="checkbox"/>
Mixed – White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Mixed - Other	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Black or Black British – Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Black or Black British – Other Black	<input type="checkbox"/>	<input type="checkbox"/>
Other Ethnic Group	<input type="checkbox"/>	<input type="checkbox"/>
Refused to give information	<input type="checkbox"/>	<input type="checkbox"/>

Care needs

Please give us some indication of the type of care needed for the cared for person. Please tick one or more boxes which are appropriate:

Learning Disability	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>
Drug / and or Alcohol	<input type="checkbox"/>	Mental Health Under 65	<input type="checkbox"/>
Mental Health over 65	<input type="checkbox"/>	Frail / Elderly over 65	<input type="checkbox"/>

Please return the form to:

**Doncaster Carers Service Age UK Doncaster, 109 Thorne Road,
Doncaster, DN2 5BE**

**Or for more information or help to fill in the form contact us on
01302 812827**

For Office Use:			
Age UK	CAMC		
Sign	Date	Sign	Date