

Cornwall Emergency Carers Card Application Form

Unique Identification Number (office use only)

(Please complete using block capitals)

Carers Details

Title..... Forename(s).....Surname.....
DOB.....Address.....
.....Postcode.....
Tel No (inc STD) Mobile No (if any).....

Name of Person being cared for

Title..... Forename(s).....Surname.....
DOBAddress.....
.....Postcode.....
Tel No (inc STD)Mobile No (if any).....
Relationship to Carer

Medical or Other Condition of Person being cared for (please give details including as to why care is required)

.....
.....
.....
.....
Does the person you care for take any medication? **Yes / No***

* If yes please give attach the latest repeat prescription to this form (unless the person you care for has a Personalised Support Plan (PSP) in which case keep this plan with the PSP

General Practitioner Details

GP Name.....Surgery.....
.....
Telephone No.....

Needs of the person being cared for (please specify assistance that may be required)

Morning Needs.....
.....
.....
Lunch time Needs
.....
.....
Tea time Needs
.....
.....
Evening/Overnight Needs.....
.....

Access to the home of the person you care for

Are there any unfriendly animals in the home, or any other safety risks?
Yes/No*
(this can include the behaviour of the person you care for if a stranger were to enter the home)
If so, please give details.....
.....
Does any other person(s) have keys to access the property in an emergency?
(If there is a key safe please give location. Do not disclose the key safe code).
If yes, give details:
.....

Emergency Contacts. These should be two contacts other than the main carer. Two key holders who live in the local area are preferred (please delete as necessary where indicated by the asterix*). The third space can be left blank.

1. TitleForename(s).....Surname.....

Address.....

.....

Postcode..... Telephone No (inc STD).....

Mobile phone No.....

Keyholder **Yes/No***

Relationship to the person being cared for.....

2. TitleForename(s).....Surname.....

Address.....

.....

Postcode..... Telephone No (inc STD).....

Mobile phone No.....

Keyholder **Yes/No***

Relationship to the person being cared for.....

3. For office use only

Additional Information. Is there anything else we need to know? (Please continue overleaf if necessary).

Additional information (continued)

IMPORTANT:

Please tell us where this plan will be kept in your house

Information sharing

I agree to share the information held in my plan (if an emergency occurs) with :

My GP Practice	Yes	No
Out of hours GP services	Yes	No
Ambulance services	Yes	No
Community Health Services e.g. district nurses	Yes	No
Social care	Yes	No
Mental health services	Yes	No
Hospital	Yes	No

Please return the completed form in the enclosed pre paid envelope to:

**Carers Emergency Card Administrator
Tremorvah Industries
Threemilestone Industrial Estate
Threemilestone
Truro
TR4 9LD**

For further information on how the Carers Emergency Card Scheme works or if you need help to complete this form, contact Administrator on (01872)324363, email eccs@cornwall.gov.uk