

Carers Emergency Card Application

Please complete this form to apply for a carers card and provide information that will assist adult social care to support the person you care for in an emergency. If you require assistance to complete this form, please contact Call Derbyshire Tel: 01629 533190

PLEASE COMPLETE IN BLOCK CAPITALS



Carer details

Name	<input type="text"/>	Preferred name	<input type="text"/>
Address	<input type="text"/>	Telephone number	<input type="text"/>
		Mobile No.	<input type="text"/>
Email	<input type="text"/>	Date of birth	<input type="text"/>
General health	<input type="text"/>	Gender	<input type="text"/>
		Main language	<input type="text"/>

GP Practice	<input type="text"/>	Telephone number	<input type="text"/>
Address	<input type="text"/>	Are you registered with your GP as a carer?	
		Yes	<input type="checkbox"/>

Details of the person you care for

(If you care for more than one person, please complete a separate form for every person you care for.

Further forms can be downloaded or you can complete this form online at www.derbyshire.gov.uk/carers)

Name	<input type="text"/>	Any other names known by	<input type="text"/>
Current address	<input type="text"/>	Telephone number	<input type="text"/>
		Date of birth	<input type="text"/>
Health condition or disability	<input type="text"/>	Gender	<input type="text"/>
		Main language	<input type="text"/>
		Religion	<input type="text"/>
GP Practice	<input type="text"/>	Address	<input type="text"/>
Telephone number	<input type="text"/>		

Ethnicity

	You	Person you care for
White (White British, White Irish, any other White background, Travellers or Irish heritage, Gypsy/Roma)		
Dual heritage (White and Black Caribbean, White and Black African, White and Asian, any other dual heritage)		
Asian or Asian British (Indian, Pakistani, Bangladeshi, any other Asian background)		
Black or Black British (Caribbean, African any other black background)		
Chinese or other ethnic group		
Not stated (refuse to detail, information not yet obtained)		

What is your relationship to the person you care for?

Please tell us about any existing support the person you care for receives. This can include support from a care agency, community nurse, friend, relative or neighbour

Please tell us

• About anything else that would assist the person you care for e.g. could they be supported to remain at home with support / How much support would they need / Or would they require a temporary stay in a residential home?

• What would you like to happen in an emergency e.g. would you prefer support from a particular family member, neighbour, friend or service

Add an additional sheet if you wish to provide further information

Nominated emergency contacts

It is very important to provide the names and telephone numbers of relatives and friends who can assist us in our response to an emergency. Please provide the details of two people who need to know if you are unable to undertake your ordinary caring role and may be able to provide support to the person you care for in an emergency.

Nominated emergency Contact 1

Name	<input type="text"/>
Relationship to carer	<input type="text"/>
Telephone number	<input type="text"/>

Nominated emergency Contact 2

Name	<input type="text"/>
Relationship to carer	<input type="text"/>
Telephone number	<input type="text"/>

Consent on information sharing

Derbyshire County Council Adult Care regard your privacy as important and any personal information you give to us will be protected and used in accordance with the Data Protection Act 1998. The information will be shared with Health services, care providers and other organisation in order to arrange your care and support. This includes sharing information with another local authority if you move out of Derbyshire. Information will not be shared for any other purpose without your consent, unless required by law.

If you do not want the information you have provided to be shared, we will add a warning note to our records to ensure our staff are aware of your request.

I understand my personal information may need to be shared with other agencies to ensure that I receive the correct care and support. My permission to do this, or that of my representative, is recorded as shown

- Yes
- Yes but with limitations – please give details
- No – add warning note
- Unable to consent – consent given by family/representative

Details of any limitations

If you or your representative has concerns about any part of the process, including sharing information about you with other organisations, contact Call Derbyshire on **01629 533190**. If we are unable to resolve any concerns you can ask for the matter to be dealt with through the Derbyshire County Council Adult Care complaints procedure. More information about this can be found at www.derbyshire.gov.uk/contact_us

Would you like a carers assessment? Yes No

Signed	<input type="text"/>	Date	<input type="text"/>
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Please return this completed form to Derbyshire County Council, Adult Care, Freepost DY5, Matlock, DE4 3AG

If you wish to notify Adult Social Care of any changes to the details submitted, e.g. changes to your personal details, your nominated emergency contacts details or those of the person you provide care for, please contact Call Derbyshire on **01629 533190** or email contactcentre@derbyshire.gov.uk