

Data Protection Act - Privacy Notice

We, the Adult Social Care Directorate, Cornwall Council, New County Hall, Truro, TR1 3AY, Data Protection Registration Number: Z1745294 are committed to protecting and respecting your privacy.

This information is being collected by the Kernow Carers Service and Family Information Service on behalf of Cornwall Council as Data Controller for the purpose of providing you with an Emergency Carer's Card service.

Your data will be shared with Cornwall Rural Community Charity and ALFI Lifeline, who are our partners in this scheme, in order to provide you with this service. The data held relating to the delivery of support of the Emergency Carer's Card will be used both for the provision of services and also for performance and service planning. This information will be held in a secure environment until you cease to use the service in accordance with the Adult social care data retention policy, after which time it will be destroyed in a secure manner.

A copy of the full Privacy Notice can be found at www.supportincornwall.org.uk, in the Emergency Carer's Card area of the website. This Privacy Notice sets out the basis by which any personal data we collect from you, or that you provide to us, will be processed by us, in accordance with the General Data Protection Regulations (GDPR) and the Data Protection Act.

For further information or assistance on Data Protection matters, please contact the Practice Development and Standards Service on **01872 327617** or email ascdpa@cornwall.gov.uk Or the Councils Data Protection Officer, email dpo@cornwall.gov.uk

You have the right to withdraw consent to the processing of your data at any time and your further rights as to how we handle your data can be found by following the above link. Should you wish to withdraw your consent please contact the relevant team - see contact details listed above.

To be completed by the carer

I have read and understood the data statement above and would like to receive an ECC. I confirm that all information provided is truthful and accurate. The Council reserves the right to refuse or remove my information at any time including, but not limited to, when information is falsely provided or withheld.

Carer's Signature:*

Name printed:*

Date:*

Please return this form to:

Cornwall Council, Family Information Service, Penwinnick Road, St Austell PL25 5DR

For further information about how the ECC scheme works, please contact the Family Information Service: Email: fis@cornwall.gov.uk Tel: **0800 587 8191**

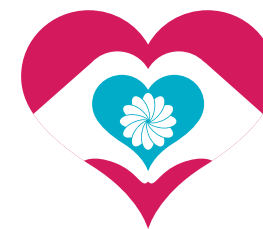
If you would like this information in another format or language please contact:

Cornwall Council, County Hall, Truro TR1 3AY

Email: comments@cornwall.gov.uk www.cornwall.gov.uk Telephone: 0300 1234 100

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Family Information Service



Emergency Carer's Card application

What is the Emergency Carer's Card?

The Emergency Carer's Card (ECC) is designed to give you some peace of mind and assist the person you help to care for. It's a back-up service in case anything should ever happen to you that prevents you from reaching the person you care for and carrying out your caring duties.

If you are found carrying the card, the person assisting you in an emergency e.g. doctor, nurse can call the ECC helpline. Advisors at the helpline can initiate your 'emergency plan' by calling your nominated contacts. The advisors will notify your 'contacts' that you are unable to carry out your caring duties and that they need to implement the 'emergency plan' to ensure the cared for is looked after.

You must inform your 'contacts' of what the 'emergency plan' is, so that they know what to do when an advisor calls.

To help us initiate your emergency plan, try to answer all the questions in this form. **Questions marked with * are mandatory.**

Please complete using block capitals.

www.cornwallfisdirectory.org.uk

Freephone **0800 587 8191**



Carer's details

Title:	Forename(s):*		
Surname:*		DOB:	
Address:*			
			Postcode:*
Email:*			
Tel No (inc STD):*			
Mobile No:			

Person being cared for

Title:	Forename(s):*		
Surname:*		DOB:	
Address:*			
			Postcode:*
NHS number:*			
<small>(if the cared for is already involved with social care, this will help the social care team identify the individual in an emergency)</small>			
Tel No (inc STD):*			
Mobile No:			
Relationship to the Carer:*			
Cared for's signature:*			
Date signed:*			

Emergency contacts

If you can, please provide the details of two people you would like us to call on your behalf in an emergency. These contacts will be your nominated persons to carry out your 'emergency plan' to ensure the cared for is looked after. If we are unable to reach 'contact 1', we will then call 'contact 2'.

Contact 1

Title:	Forename(s):*		
Surname:*			
Tel No (inc STD):*			
Mobile No:			
Relationship to Carer:			
Relationship to person being cared for (if applicable):			
Contact signature:*			
Date signed:			

Contact 2

Title:	Forename(s):*		
Surname:*			
Telephone no (inc STD):*			
Mobile No:			
Relationship to Carer:			
Relationship to person being cared for (if applicable):			
Contact 2 signature:*			
Date signed:			