

Emergency Support for Carers Registration Form

For office use only

Carers Registration Number (Database ID):

PLEASE PRINT CLEARLY USING BLACK INK

My Details (As The Carer):			
Name		Date of Birth	
Address		Postcode	
Ethnicity		First Language	
Telephone Number		Mobile Number	
Email Address		NHS Number	

Details Of The Person Being Cared For:			
Name		Date of Birth	
Address		Postcode	
Telephone Number		Mobile Number	
Email Address		NHS Number	
Relationship To You (if any)			
Ethnicity			
First Language			

Essential Cultural Routines			
Name of GP		Telephone Number	
GP Surgery Address			
Who else is involved in supporting this person (e.g. District Nurse, Day Care Service)			
<p>Who would help out in the case of an emergency, for example, during that day or overnight? <i>(Please remember to make sure that you have family/friends/neighbours permission to include their details and list them in the order that they should be contacted):</i></p>			
Emergency Contact No 1			
Name:			
Telephone Number:			
Mobile Number:			
Emergency Contact No 2			
Name:			
Telephone Number:			
Mobile Number:			
Would the person you support be able to ask for help and tell us what their needs are in your absence?			

Do you provide support with medication?

*(If **Yes**, please give details)*

What support do you provide for this person (e.g. washing, dressing, keeping them safe, reminding them to do things for themselves)? Please tell us if equipment is used (e.g. a hoist).

During the day:

During the night:

How long can this person be left alone?

(This could range from a few minutes to a number of hours/days)

Does this person have memory problems?

*(If **Yes**, please give details)*

Does this person get agitated when you are not there?

*(If **Yes**, can you describe what behaviours they exhibit, e.g. pacing, shouting, tearful)*

Does this person sleep all night? <i>(If No, do you need to monitor them throughout the night?)</i>	
Does this person need support with walking / moving around? <i>(If Yes, please give details)</i>	
Does this person need help to eat and / or drink (e.g. cutting up food, special cutlery / crockery)? <i>(If Yes, please give details)</i>	
Are they on a special diet / food? <i>(If Yes, please give details)</i>	
If we need to get into the house in an emergency, would the person be able to open the door? <i>(If No, please provide name / contact details of an alternative key holder)</i>	
Do you have a key safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, a member of our Adult Social Care team will contact you in due course for these details.</i>	

Are there any pets in the house?
(If **Yes**, please provide details)

What arrangements will be needed for them in the event of an emergency?

Please provide any other information that you feel we should know in order to provide support?

As a carer, you have the right to request a Carers Assessment.
If you would like to arrange an assessment, please tick this box

I agree to my details being electronically stored on the Carers Register and it being used in an emergency to provide appropriate help for the person whose needs I have described. I have obtained their permission to share this information.

Signed:

Date:



Peterborough City Council is registered under the Data Protection Act 1998 for the purpose of processing personal data in the performance of its legitimate business. Any information held by the council will be processed in compliance with the eight principles of the Act. We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also be obliged by law to share this information with other organisations which handle public funds. Further information relating to your rights under the Data Protection Act can be sent to you on request.

Please return this completed form to:

Emergency Support Service,
FREEPOST RTCH-TLLZ-JGEC,
Peterborough City Council,
Town Hall,
Peterborough,
PE1 1FA

I understand that I can unsubscribe at any time to the service by contacting:

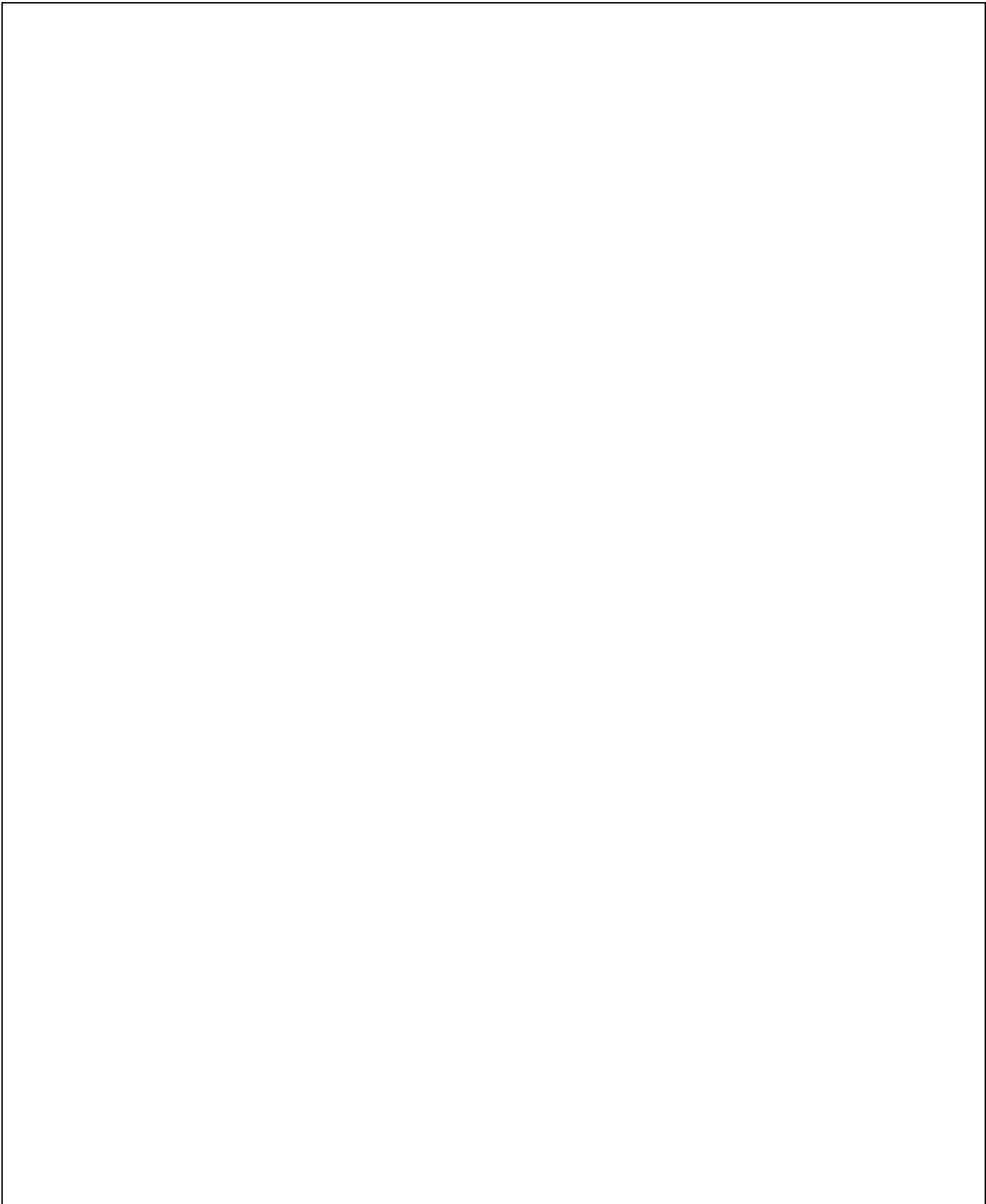
Emergency Support Service,
FREEPOST RTCH-TLLZ-JGEC,
Peterborough City Council,
Town Hall,
Peterborough,
PE1 1FA

Details in this document need to be updated by the carer at least every 12 months, or sooner if circumstances change. Please send updated details (quoting your unique reference number) to:

Emergency Support Service,
FREEPOST RTCH-TLLZ-JGEC,
Peterborough City Council,
Town Hall,
Peterborough,
PE1 1FA

You may be sent a new form if the changes are substantial.

Please use this section to add any more information that you feel we should know about your caring role.



Additional Information/Record of Service Delivery

<p>For office use only Further details needed?</p> <p>Plan agreed: Team Manager Signature: Date:</p>
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Name of person recording changes:	Date:
Details of amendment/service delivery:	
Signature:	Date scanned to Database

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Signature:	Date scanned to Database