



**CARERS EMERGENCY
CONTACT SERVICE**
Application Form (*Private & Confidential*)

For Office Use

Date Rec'd	
Date Fwd.	
ID. No.	
Reg. No.	

CARER DETAILS

Title:	First Name:	Surname:
Address:		
		Post Code:
Telephone number:	Mobile number:	
Email:		
Date of birth:	Ethnic Origin:	Sexual orientation:
Your relationship to cared for person:		

CARED FOR PERSONS DETAILS

Title:	First Name:	Surname:	
Address:			
Post Code:			
Telephone number:	Mobile number:		
Date of Birth:			
Ethnic Origin:	Religion:		
Primary medical conditions or disabilities			
Other conditions:			
Does this person take regular medication YES NO			
Which of the following would best describe their disability or illness: <i>(please tick as appropriate)</i>			
Learning Disability	Sensory Disability	Chronic illness	Alcohol misuse
Physical Disability	Mental Health problem	Substance misuse	Frailty due to age
Dementia/Alzheimer's			
As part of your registration with the Carer Contact Service YOU and the PERSON YOU CARE FOR will automatically be entered on the Wirral Carers Register			I DO NOT wish to have my details on the Carers Register

GP of CARED FOR PERSON

Doctor:
Practice Address:
Telephone number:

Other health professionals with whom the person you care for has regular contact (where applicable)	
Name:	Name:
Place of work:	Place of work:
Position:	Position:
Tel:	Tel:

Care organisation, agency or employed individual that currently provides support to the person you care for	
Name of agency/organisation/individual:	Name of agency/organisation/individual:
Name of contact:	Name of contact:
Address:	Address:
Tel:	Tel:
When is this support provided?	When is this support provided?

<p>Please provide an outline of the tasks that would need to be provided for the cared for person, e.g do they use essential equipment to assist them with their condition? <i>(please use separate sheet if required)</i></p>
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Cared for Person Consent- including children *(please complete the consent section below)*

<p>The information you gave us about your caring role includes some information about the person you care for. We share this information with Community Voice to ensure appropriate support is put in place however it is important that the person you care for is comfortable with this arrangement.</p>	
Name of Cared For	Please print:
<p>I, the undersigned, am happy for details to be shared with Wired, Community Voice and Department of Adult Social Services for the Carers Emergency Contact Service... <i>(please circle as appropriate)</i></p>	<p>YES NO</p>
Cared for person signature	Signature:
If you, the carer, has power of attorney or parental responsibilities for the person you care for and consent on their behalf please sign	Signature:
If you, the person who receives care, is not happy with providing consent for the details to be shared for the Carers Emergency Contact Service* <i>(please sign)</i>	Signature:

* Please note that if you do not provide consent then the support offered in an emergency may be affected
Please identify up to 3 people who would be able to provide replacement care in the event of an emergency. Please share an emergency plan with them so they know what would be expected of them in the event of you being involved in an emergency. It is important that they agree to this and sign the form.

EMERGENCY CONTACT (S)

(1)

Title:	First Name:	Surname:
Address: (OPTIONAL)		
Post Code:		
Telephone number: (ESSENTIAL)	Mobile number:	
Relationship to you:		
Is this person a keyholder?	yes	no
I have agreed the emergency plan. (Signature of emergency contact person)		

(2)

Title:	First Name:	Surname:
Address: (OPTIONAL)		
Post Code:		
Telephone number: (ESSENTIAL)	Mobile number:	
Relationship to you:		
Is this person a keyholder?	yes	no
I have agreed the emergency plan. (Signature of emergency contact person)		

(3)

Title:	First Name:	Surname:
Address: (OPTIONAL)		
Post Code:		
Telephone number: (ESSENTIAL)	Mobile number:	
Relationship to you:		
Is this person a keyholder?	yes	no
I have agreed the emergency plan. (Signature of emergency contact person)		

Do You have a Social Services involvement?	YES	NO
<i>If yes</i> Name:	Tel:	

Community Voice is the organisation that provides the 24 hour response line. If none of your Emergency Contacts are able to provide the replacement care, Community Voice will have to take appropriate action to keep the person you care for safe. This may include contacting the Department of Adult Social Services or emergency services.

Declaration

I understand that this service will be used if I, the Carer, am involved in a emergency where I am unable to continue to provide care.

I understand that this information will not be shared with any other parties unless it is in the best interests of me, the Carer, and the person I care for. In exceptional circumstances for instance the cared for person may need support if the nominated carers are unavailable. Those other parties that may be contacted, where appropriate, are the Department of Adult Social Services and Community Voice.

I confirm that the details I have provided are correct to the best of my knowledge.

I understand that it is important to keep this information up to date; therefore I will inform the service if there is a change to any of the details included in this form.

Signature: **Date:**

All Personal Information provided will be processed in accordance with the Data Protection Act 1998. Should any of your or the person you care for details change please inform us by emailing to info@wirralcarers.co.uk or calling 0151 670 0777.

Please return completed form to:

**Wirral Information Resource for Equality and Diversity Ltd (WIRED)
Recourse Centre, 5 St John Street. Birkenhead. Wirral. CH41 6HY**

**If you have difficulties or need help completing this form please call the Carers Helpline
0151 670 0777**

