**Card Number**

**Date Last**

**Amended**

**FIFE CARERS EMERGENCY CARD**

**APPLICATION FORM**

Fife Carers Centre

157 Commercial Street

KIRKCALDY

Fife

KY1 2NS

 

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| Please complete this form as fully as possible so we can issue you with a Carers Emergency Card. If you require any help or information with this form, please speak to one of our Carer Support Workers by telephoning 01592 205472 or call in at the Carers Centre;  Monday 9.30am – 1pm. Thursday 9.30am – 4.30pm.  Tuesday 10.00am – 4.30pm. Friday 9.30am – 4pm.  Wednesday 9.30am – 1pm. |
| **Please provide YOUR Details:**  Title: First Name: Surname:  Address:  Post Code: Date of Birth:  Telephone No: Mobile No:  Other Contact Number (eg Work):  Your GP (Doctor) Name:  GP Telephone No:  GP Address/Surgery: |

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| **Please Provide Details of the First Person You CARE FOR**  Title: First Name: Surname:  Address:  Post Code: Date of Birth:  Telephone No: Mobile No:  Marital Status: Religion:  GP (Doctor) Name:  GP Telephone No:  GP Address/Surgery: |
| **Please Provide Details of Other People In The Household Where The Cared For Lives.**  Names, Relationship To Carer AND Date of Birth of All People Living With The Cared For Person. |
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| **Please Provide More Details of The First Person You Care For**  How Long Can The Person Be Left Alone?  If the person you care for is normally taken in your car, please state  Car Registration No:    If the person you care for normally receives a service such as home help, Crossroads etc, or attends a day centre, school etc. please list the details below.  **For each day of the week, please give the details of the Agency, Location, Details, the Times and a Contact Person or Number.** | |
| Monday |  |
|  | |
| Tuesday |  |
|  | |
| Wednesday |  |
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| Thursday |  |
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| Friday |  |
|  | |
| Saturday |  |
|  | |
| Sunday |  |
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| **Please Provide Details of the Second Person You CARE FOR**  Title: First Name: Surname:  Address:  Post Code: Date of Birth:  Telephone No: Mobile No:  Marital Status: Religion:  GP (Doctor) Name:  GP Telephone No:  GP Address/Surgery: |
| **Please Provide Details of Other People In The Household Where The Cared For Lives.**  Names, Relationship To Carer AND Date of Birth of All People Living With The Cared For Person. |
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| **Please Provide More Details of The Second Person You Care For**  How Long Can The Person Be Left Alone?  If the person you care for is normally taken in your car, please state  Car Registration No:    If the person you care for normally receives a service such as home help, Crossroads etc, or attends a day centre, school etc. please list the details below.  **For each day of the week, please give the details of the Agency, Location, Details, the Times and a Contact Person or Number.** | |
| Monday |  |
|  | |
| Tuesday |  |
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| Wednesday |  |
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| Thursday |  |
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| Friday |  |
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| Saturday |  |
|  | |
| Sunday |  |
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| **EMERGENCY CONTACTS**  **Emergency Contact 1** | |
| Title |  |
| First Name |  |
| Surname |  |
| Address |  |
| Postcode |  |
| Date of Birth |  |
| Telephone No |  |
| Mobile No |  |
| Other Number |  |
| Relationship To Carer |  |
| Relationship To Cared For |  |
| Is Contact A Keyholder? Tick if Yes  **Declaration:**  As an emergency contact in the Carers Emergency Card Scheme I understand that I will be contacted in an emergency to attend to the person that is cared for should the Carer be delayed or unable to fulfil their caring role. I agree to this information being shared with the Carer and the Cared for person as well as other statutory services, ie Social Work, Health or Police if it enables appropriate action to be taken for the cared for person. Information on me will not be used for any other purpose. I agree to this information being held electronically.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **This must be signed by the Emergency Contact** | |

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| **EMERGENCY CONTACTS**  **Emergency Contact 2** | |
| Title |  |
| First Name |  |
| Surname |  |
| Address |  |
| Postcode |  |
| Date of Birth |  |
| Telephone No |  |
| Mobile No |  |
| Other Number |  |
| Relationship To Carer |  |
| Relationship To Cared For |  |
| Is Contact A Keyholder? Tick if Yes  **Declaration:**  As an emergency contact in the Carers Emergency Card Scheme I understand that I will be contacted in an emergency to attend to the person that is cared for should the Carer be delayed or unable to fulfil their caring role. I agree to this information being shared with the Carer and the Cared for person as well as other statutory services, ie Social Work, Health or Police if it enables appropriate action to be taken for the cared for person. Information on me will not be used for any other purpose. I agree to this information being held electronically.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This must be signed by the Emergency Contact | |

I have no emergency contact. Please contact Social Work or Police if it enables appropriate action to be taken for the cared for person.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **OTHER DETAILS**  **Please give any other details/information that you feel is necessary or important. For example, medical condition of the people you care for and details of their medication, routines etc.** |
| **DECLARATION BY CARER AND THE CARED FOR**  I agree that the contacts named in Section 5 can be telephoned in an emergency. It is my responsibility to ensure that the Emergency Contacts are made aware of any medication details for the Cared For Person. I accept responsibility for updating my details annuallly. I agree to this information being shared with statutory agencies, ie Social Work, Health or Police if it enables appropriate action to be taken for the person I care for.  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_ |