

CARER'S EMERGENCY CARD APPLICATION FORM

Please only complete if you wish to apply for and emergency card.

Enclose a passport photo or email a photo via email: guest1@enfieldcarers.org

OFFICE USE ONLY

Date received:	S/User Ref No:
Date processed:	Carer Ref No:
Processed by:	EM car no:

Please give us your details and the details of the person you care for. This is so we can properly cross-reference you to them, if they are known to us.

CARER	PERSON CARED FOR
Title: Mr/ Mrs/ Ms	Title: Mr/ Mrs/ Ms
Last Name:	Last Name:
First Name:	First Name:
Address:	Address:
Post Code:	Post Code:
Phone No:	Phone No:
Mobile No:	Mobile No:
E-mail:	E-mail:
Date of Birth:	Date of Birth:

Your relationship to person cared for:

Which language (s) do you speak? _____

Do you need help with communication? Yes No

If yes please specify below:

Interpreter Sign language Other

If other please specify below:

ABOUT THE PERSON YOU CARE FOR

Enfield is a Borough that aims to provide an equality of service to all sections of the community. We would appreciate your providing some information about your culture and ethnic origin. The information you give will be treated in complete confidence and is entirely voluntary. By providing us with this information you will help us to plan and improve our services.

<p>White</p> <p><input type="checkbox"/> Scottish</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> Greek</p> <p><input type="checkbox"/> Greek Cypriot</p> <p><input type="checkbox"/> Turkish</p> <p><input type="checkbox"/> Turkish Cypriot</p> <p><input type="checkbox"/> Italian</p> <p><input type="checkbox"/> Polish</p> <p><input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Kurdish</p> <p><input type="checkbox"/> Gypsy/Romany</p> <p><input type="checkbox"/> Traveller</p> <p><input type="checkbox"/> Former USSR republics</p> <p>If other White background Please specify below</p> <p>_____</p>	<p>Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> White and Chinese</p> <p>If other Mixed Background, Please specify below</p> <p>_____</p> <p>Asian or Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p>If other Asian background Please specify below</p> <p>_____</p>	<p>Black or Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Ghanaian</p> <p><input type="checkbox"/> Nigerian</p> <p><input type="checkbox"/> Somali</p> <p>If other Black background, Please specify below</p> <p>_____</p> <p>Other Ethnic Group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Other</p> <p>If other Ethnic Group Please specify below</p> <p>_____</p>
<p><input type="checkbox"/> Not stated</p>	<p><input type="checkbox"/> I do not wish to state my Ethnic Origin</p>	

Gender

Male Female Age (at last birthday) Religion _____

Which language (s) do they speak? _____

Do they need help with communication? Yes No

If yes please specify below:

Interpreter Sign language Other

If other please specify below:

I consent to Enfield Carers Centre sharing my information with other relevant organisations such as local authority or other voluntary organisations. Yes No

**The following information is essential for all carers joining the
Emergency Card Scheme. Please supply details in full.**

MEDICAL CONDITION OF PERSON BEING CARED FOR (please give medical diagnosis if possible, this information will help community alarm respond appropriately)

Please detail:

You must please answer the following questions: Please tick as appropriate:

Is the person you care for:

An Insulin Controlled Diabetic

Yes

No

A Haemophiliac

Yes

No

Special dietary requirements

Allergic to anything

Yes

No

If **YES** You must please answer the following questions: Please tell us what they are allergic to:

How long can the person you care for be left on their own?

Less than 1 hour

1 – 2 hours

2 or more hours

Other information:

DETAILS OF YOUR EMERGENCY CONTACTS

(Please give at least 2 and ideally 4 contacts one of whom can be a care worker, personal assistant or home care manager)

Contact 1	Contact 2
Title: Mr/ Mrs/ Ms Last Name:	Title: Mr/ Mrs/ Ms Last Name:
First Name:.....	First Name:.....
Relationship to Carer:	Relationship to Carer:
Address:	Address:
Phone No:	Phone No:
Work No:	Work No:
Mobile No:	Mobile No:
E-mail:	E-mail:
Key holder: Yes/No	Key holder: Yes/No
Contact 3	Contact 4
Title: Last Name:	Title: Last Name:
First Name:	First Name:
Relationship to Carer:	Relationship to Carer:
Address:	Address:
Phone No:	Phone No:
Work No:	Work No:
Mobile No:	Mobile No:
E-mail:	E-mail:
Key holder: Yes/No	Key holder: Yes/No

We will only contact these if necessary

GP of Cared for:	Allocated Social Worker / Home Care Manager (if any)
Name:	Name:
Practice:	Job Title:
Address:	Team:
Work No:	Address:
Mobile No:	Work No:
E-mail:	Mobile No:
	E-mail:

PERMISSION TO FORCE ENTRY

We need your permission to force entry if necessary – this would only be in extreme situations, for example, when none of your named contacts could be contacted. Without this it may be necessary to call the police to gain access and this could cost valuable time.

Sign here: _____

Date: _____

Access – please supply any information regarding difficulties accessing your home, details of any pets/animals, etc.

Special instructions in an emergency: e.g. tell us here what you'd like your emergency contacts to do. Tell us about the care needs for the person you care for etc. Please add an additional sheet if necessary.

Anything else you want to tell us:

Carer Name (printed):

Signed:.....

Date:.....

Please return your completed form to:

FREEPOST RSZX-KTHS-CYKX Enfield Carers Centre, Britannia House, 137-143 Baker Street, Enfield, EN1 3JL