

# 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: [info@enfieldcarers.org](mailto:info@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.

- White**
- Scottish
  - English
  - Irish
  - Welsh
  - Greek
  - Greek Cypriot
  - Turkish
  - Turkish Cypriot
  - Italian
  - Polish
  - Russian
  - Kurdish
  - Gypsy/Romany
  - Traveller
  - Former USSR republics

- Mixed**
- White and Black Caribbean
  - White and Black African
  - White and Asian
  - White and Chinese

If other Mixed Background, Please specify below

\_\_\_\_\_

**Asian or Asian British**

- Indian
- Pakistani

If other Asian background Please specify below

\_\_\_\_\_

- Black or Black British**
- Caribbean
  - African
  - Ghanaian
  - Nigerian
  - Somali

If other Black background, Please specify below

\_\_\_\_\_

**Other Ethnic Group**

- Chinese
- Other

If other Ethnic Group Please specify below

\_\_\_\_\_

If other White background Please specify below

\_\_\_\_\_

**Not stated**

I do not wish to state my Ethnic Origin

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

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Allergic to anything

Yes

No

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

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**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:
<b>Key holder:</b> Yes/No	<b>Key holder:</b> 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:
<b>Key holder:</b> Yes/No	<b>Key holder:</b> 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: \_\_\_\_\_

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**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*