

Ealing Carer's Emergency Card Registration form

The information on this form will be used to access emergency care for the person you care for. An emergency is an unplanned / unexpected event, which may last for hours or days, which prevent you from carrying out your normal caring role.

Office Use: CEC ID Number:	Date of Issue	
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Carer Details			
Name		Date of Birth	
Address			
	Post Code:		
Telephone	Home	Work	Mobile
Ethnicity		Gender	
Brief details of your significant Health Problems:			

Person cared for details			
Name		Date of Birth	
Address			
	Post Code:		
Telephone	Home	Mobile	
Ethnicity		Gender	
Client Group <small>(Please tick appropriate box)</small>	Physical Disability Learning Disability Mental Health	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Children Older People Substance Misuse <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Language/s spoken <small>(If not English)</small>			

Care you provide
What is their relationship to you (e.g. son, mother, etc?)
Brief details of disability, illness and any relevant medical information.

Information to share with emergency services			
What does the person you care for need help with	Yes	No	
Walking / getting around in a wheelchair			
Washing and dressing			
Keeping an eye on (maybe confused or prone to agitation)			
Preparing food and drink (are there any dietary needs?)			
Taking tablets or other medication			
Verbal communication			
Something else? Please give details:			
Emergency support plan			
Details of 3 people who will be able to offer support in an emergency and / or provide house keys. Please obtain their permission to be called upon. If no names can be provided, Social Services will be advised of the emergency. It is advisable to provide your emergency contact with an up to date "Plan of Care".			
1. Name:		Gender:	
Address	Post Code:		
Language spoken (If not English)			
How they might help	e.g. House keys, Meals, Personal care		
Telephone	Home:	Work:	Mobile:
Relationship to person being cared for:			
2. Name:		Gender:	
Address	Post Code:		
Language spoken (If not English)			
How they might help	e.g. House keys, Meals, Personal care		
Telephone	Home:	Work:	Mobile:
Relationship to person being cared for:			
3. Name:		Gender:	
Address	Post Code:		
Language spoken (If not English)			
How they might help	e.g. House keys, Meals, Personal care		
Telephone	Home:	Work:	Mobile:

Relationship to person being cared for:

Other support

Please provide information of any regular care services e.g. Home Care/Day Care.

Name (person) or service	What they do	When they visit/ the service takes place	Telephone number

Other Information

Please give any other information which you think would be useful for emergency services to know about. E.g. pets, access to the property, religious or cultural requirements etc.

Data Protection

I consent for Ealing Council holding the above information and that this information will only be shared with other organisation in an emergency.

Signed: _____ **Date:** _____

This form should be returned to:

The Funding Officers Team
Perceval House, 2nd floor Green
14- 16 Uxbridge Road
Ealing
W5 2HL

By Email: carersemergencycard@ealing.gov.uk

Telephone: 020 8825 8110

Please keep a copy of this form for your own records and notify us of any changes. Also if more than one person is cared for please complete a form for each person.