

Carers Emergency Card Application

Please complete this form to apply for a Carers Emergency Card and provide information that will assist Adult Social Care and Health to support the person you care for in an emergency. If you require assistance to complete this form, please contact Call Derbyshire Tel: 01629 533190. **PLEASE COMPLETE IN BLOCK CAPITALS**



The information on this form will only be used to support you/or the person you care for in accessing support services. The information will be kept securely on Derbyshire County Council systems until you are no longer a carer - please note it is your responsibility to tell us that you are no longer caring for someone. To do this you can email carers.adultcare@derbyshire.gov.uk or tel: 01629 533190.

Under the Data Protection Act 2018 you have the right to access information we hold about you. For further information on how Derbyshire County Council may use your personal information visit www.derbyshire.gov.uk/privacynotices.

Carer details

Name	<input type="text"/>	Preferred name	<input type="text"/>
Address	<input type="text"/>	Telephone number	<input type="text"/>
		Mobile No.	<input type="text"/>
Email	<input type="text"/>	Date of birth	<input type="text"/>
General health	<input type="text"/>	Gender	<input type="text"/>
		Main language	<input type="text"/>
		Ethnicity	<input type="text"/>

GP Practice	<input type="text"/>	Telephone number	<input type="text"/>
Address	<input type="text"/>	Are you registered with your GP as a carer?	
		Yes	<input type="checkbox"/>

Details of the person you care for

(If you care for more than one person, please complete a separate form for every person you care for. Further forms can be downloaded or you can complete this form online at www.derbyshire.gov.uk/carers)

Name	<input type="text"/>	Any other names known by	<input type="text"/>
Current address	<input type="text"/>	Telephone number	<input type="text"/>
		Date of birth	<input type="text"/>
Health condition or disability	<input type="text"/>	Gender	<input type="text"/>
		Main language	<input type="text"/>
		Ethnicity	<input type="text"/>

GP Practice	<input type="text"/>	Address	<input type="text"/>
Telephone number	<input type="text"/>		

What is your relationship to the person you care for?

Please tell us about any existing support the person you care for receives. This can include support from a care agency, community nurse, friend, relative or neighbour

Please tell us about anything else that would assist the person you care for e.g. could they be supported to remain at home with support / How much support would they need / Or would they require a temporary stay in a residential home?

Please tell us what you would like to happen in an emergency e.g. would you prefer support from a particular family member, neighbour, friend or service?

Add an additional sheet if you wish to provide further information

Nominated emergency contacts

It is very important to provide the names and telephone numbers of relatives and friends who can assist us in our response to an emergency. Please provide the details of two people who need to know if you are unable to undertake your ordinary caring role and may be able to provide support to the person you care for in an emergency.

Nominated emergency Contact 1

Name	<input type="text"/>
Relationship to carer	<input type="text"/>
Telephone number	<input type="text"/>

Nominated emergency Contact 2

Name	<input type="text"/>
Relationship to carer	<input type="text"/>
Telephone number	<input type="text"/>

You should always ensure the people who will act as emergency contacts are happy to act as a contact and for us to hold their details. It is your responsibility to check this.

Would you like a carers assessment? Yes No

Declaration I confirm that the information provided in this form is a true record.

Signed <input type="text"/>	Date <input type="text"/>
-----------------------------	---------------------------

Would you like to receive news and updates for carers by email: or post: please ensure you provide your email / postal address in the 'carer details' section.

Please return this completed form to Adult Social Care and Health, Freepost Derbyshire County Council, Matlock, DE4 3AG

If you wish to notify Adult Social Care and Health of any changes to the details submitted, e.g. changes to your personal details, your nominated emergency contacts details or those of the person you provide care for, please contact Call Derbyshire on **01629 533190** or email **carers.adultcare@derbyshire.gov.uk**