

## Carer Emergency Card Scheme – Registration Form

Office Use – Reference number: \_\_\_\_\_



This Information will be treated in confidence and shared only with Richmond Careline who operate the Emergency Call Centre

### Carer Details

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Details of the person being cared for

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

GP Name and Address: \_\_\_\_\_

What is their relationship to you? (e.g. son, mother, etc): \_\_\_\_\_

What is their illness or disability (please list all conditions, such as "diabetes – tablet controlled" / "dementia" / "deaf or hard of hearing", etc): \_\_\_\_\_

**The nominated people must have access to the property and be able to fill in or know what to do in an emergency.** A basic "Plan of Care" is enclosed for the carer and nominated person / people to fill in and return to us. This document will be returned to you - please let us know how many copies of this you need.

Number of Copies

### Nominated person 1 – first contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to the person being cared for: \_\_\_\_\_

### Nominated person 2 – second contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to the person being cared for: \_\_\_\_\_

### Please return this form to:

Carers Information Officer, Civic Centre, 3<sup>rd</sup> Floor, 44 York Street, Twickenham. TW1 3BZ.