

DO YOU EVER LEAVE THE PERSON YOU CARE FOR IN A CAR? If YES/NO
yes, please give us information about your vehicle:

Registration number,,

Make Model ..,, Colour

DO YOU HAVE DATALINK? YES/NO IF NOT, WOULD YOU LIKE DETAILS? YES/NO

WHAT DISABILITIES PHYSICAL OR MENTAL ILLNESSES ETC. APPLY TO THE PERSON YOU CARE FOR ?

.....,

NAME OF DOCTOR OF PERSON CARED FOR

Name

Surgery address

Surgery telephone number

Is this person also the card holder's doctor? YES / NO

Does the person being cared for receive regular prescribed medication? If so please give details:

.....

.....

Other relevant information i.e. social worker, home care etc.)

Are there any special instructions we should know about in an emergency?

.....

DO YOU WANT TO BE ISSUED WITH A CARD? YES/NO

DO YOU WANT THE PERSON YOU CARE FOR TO BE ISSUED WITH A CARD? YES/NO

Please state size of card(s) required:

Yours: Standard Large

Your cared for: Standard Large

Please note that "standard" is credit-card size as displayed on the back of the Carers Emergency Card leaflet.

ARE THERE ANY PETS? If so, please state type of animal(s) and their name(s):

.....

IF ENGLISH ISN'T SPOKEN, WHAT IS THE MAIN LANGUAGE OF THE PERSON BEING CARED FOR?

.....

PLEASE RETURN THIS APPLICATION FORM TO:

Worcestershire Association of Carers, 17H Shrub Hill Industrial Estate, Shrub Hill Road, Worcester WR4 9EL.
Tel: 01905 26500 Fax: 01905 745216 Email: mail@carersworcs.org.uk

PLEASE FEEL FREE TO CONTACT US IF YOU HAVE ANY ENQUIRIES OR COMMENTS ON THE SERVICE,
AND DO REMEMBER TO KEEP US INFORMED OF ANY CHANGES TO THE DETAILS ENTERED ABOVE.

For WAC office use:

Date received

Date CEC sent to carer

CEC no

APPLICATION FOR CARERS EMERGENCY CARD

The information listed on this application form will be treated in the strictest confidence by both Worcestershire Association of Carers and Redditch Lifeline. If you have any difficulty in fitting in this form, are unsure about anything or would like further information, please ring us Worcestershire Association of Carers on 01905 26500.

If the information given changes at any time, it is your responsibility to let us know.

ABOUT YOURSELF (CARD HOLDER)

TITLE FIRST NAME SURNAME

POST CODE

TELEPHONE MOBILE

TEL. NO. AT YOUR PLACE OF EMPLOYMENT (if applicable).

EMAIL ADDRESS (if applicable)

YOUR DATE OF BIRTH YOUR RELATIONSHIP TO CARED-FOR

YOUR ETHNIC ORIGIN (circle as appropriate):

White Black Irish Gypsy Black African Black Caribbean
other Indian Pakistani Bangladeshi Chinese

Other (please specify)

YOUR SIGNATURE (THIS IS ESSENTIAL)

ABOUT THE PERSON YOU CARE FOR

THEIR FULL NAME

THEIR ADDRESS (if different from yours)

POST CODE

THEIR TELEPHONE NUMBER (if different from yours)

THEIR DATE OF BIRTH YOUR RELATIONSHIP TO CARER

THEIR ETHNIC ORIGIN (please specify from list above)

THEIR SIGNATURE (if possible)

DETAILS OF PEOPLE WHO CAN BE CONTACTED IN AN EMERGENCY (other than the Carer).
PLEASE NOTE THAT WE MUST HAVE SIGNATURES TO ENABLE US TO PROCESS THE CARD.

EMERGENCY CONTACT ONE:

Name Address, Telephone no Relationship (if any) to person being cared for

Do they hold a house key? YES/NO Signature of contact

EMERGENCY CONTACT TWO:

Name Address, Telephone no Relationship (if any) to person being cared for

Do they hold a house key? YES/NO Signature of contact