

Bristol Carers' Emergency Card Scheme



Do you worry about what would happen to the person you look after if you had an accident, emergency or were taken seriously ill?

Who can register?

If you provide unpaid necessary care to a family member, friend or neighbour because they are ill, frail, disabled, affected by mental-ill health or substance misuse, you can apply for a Carer's Emergency Card. It is free to apply.

How does it work?

If someone calls the emergency phone number on your card to say that you have been in an accident/emergency, then the Bristol Operations Centre will call your nominated contacts.

If your contacts are unavailable or you do not have any, the Bristol Operations Centre will inform health, emergency services or social care, as appropriate.

An online version of this form is available at www.bristol.gov.uk/social-care-health/carers

Benefits of getting a card

- 1 Ensuring the safety of the person you care for if something happens to you.
- 2 Peace of mind knowing that you have an emergency plan in place.
- 3 Card Discount Scheme offers with local traders and retailers.
www.carerssupportcentre.org.uk

How will my information be stored?

Confidential registration forms will be held securely by Bristol City Council.

The information you provide will only be used for this scheme.

At the end of this form, consent will be requested for this and any other services you may find helpful.

Bristol Carer's Emergency Card Application Form

We advise that you discuss this scheme with the person you care for before you fill in this form. If you have any question's in relation to completing this form contact the Integrated Carer's Team on 0117 352 1668.

If you care for more than one person, you will need to fill in a form for each person you care for.

I confirm that I care for someone who lives in Bristol For example, they pay their council tax to Bristol City Council *Please tick.*

Carer's details

Full name of carer

Address

Postcode

Home telephone

Mobile

Email

Date of birth

Ethnicity

GP's name

Surgery

Are you happy for your GP to be informed that you are a carer?

Please tick.

Details of the Cared For Person

Full name

Address *If different from carer*

Postcode

Home telephone

Mobile

Email

Date of birth

Ethnicity

GP's name

Surgery

Can this person speak English?

Yes No

If no please answer question below

If the cared for person doesn't speak English – what is their first language?

Would they need an interpreter?

Yes No

What difficulties/disabilities does the person you care for have?

- | | | | |
|---------------------------------------|--------------------------|-----------------------------------|--------------------------|
| Arthritis | <input type="checkbox"/> | Illness – <i>Life threatening</i> | <input type="checkbox"/> |
| Autistic Spectrum Disorder | <input type="checkbox"/> | Learning Disability | <input type="checkbox"/> |
| Cancer | <input type="checkbox"/> | Mental Health | <input type="checkbox"/> |
| Cerebral Palsy | <input type="checkbox"/> | Multiple Sclerosis | <input type="checkbox"/> |
| Dementia/Alzheimer's | <input type="checkbox"/> | Parkinsons | <input type="checkbox"/> |
| Behaviour/Development Issues | <input type="checkbox"/> | Physical Disability | <input type="checkbox"/> |
| Diabetes Elderly/Frail | <input type="checkbox"/> | Stroke | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | Substance Misuse | <input type="checkbox"/> |
| Hearing Loss | <input type="checkbox"/> | Terminal Illness | <input type="checkbox"/> |
| Heart Condition | <input type="checkbox"/> | Visual Loss | <input type="checkbox"/> |
| Illness – <i>Non-life threatening</i> | <input type="checkbox"/> | | |
| Other conditions | <input type="checkbox"/> | | |

Please provide details below

The person I care for can:

- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| Communicate verbally | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Manage their own medicines | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Wash/dress themselves | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Answer the door | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Answer the phone | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Go to the toilet alone | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Get themselves something to eat/drink | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please provide further details/any other relevant information
eg where is any medication kept?

Does the Cared For Person have any allergies? *Please specify*

Does the Cared For Person have any behaviours we should be aware off,
for example aggression to people they do not know?

In an emergency, is there anyone who the Bristol
Operations Centre could contact, who would be
able to take over **some** of or **the entire** caring role?

Yes

No

Emergency Contacts – Contact 1

Name

Address

Postcode

Home telephone

Mobile

Relationship to the Cared For Person

Does this person have a key to the Cared For Person's house? Yes No

Contact 2

Name

Address

Postcode

Home telephone

Mobile

Relationship to you

Does this person have a key to the Cared For Person's house? Yes No

If neither of your emergency contacts above are key holders, please advise if there is a key holder and give their contact details, including a phone number/s.

Is there a key safe at the Cared For Person's property? Yes No

If you have ticked yes please write the location of the key safe in the box provided. When your card is sent out, you will receive an envelope in which you will need to send us the code to the key safe.

Please **do not** write the code on this form.

Have you discussed this scheme with your contacts, and do you have their agreement to be contacted in an emergency? Yes No

Have you discussed this scheme with your key holders, and do you have their agreement to be contacted in an emergency? Yes No

Bristol City Council cannot be held responsible for any damage done when gaining entry to the property if access is unavailable.

Is there any other information that the emergency services need to know, particularly if they need to enter the person's home?
Please sign at the end of this form

I agree to this information being kept at Bristol City Council solely for the purpose of ensuring that the person I care for is not left at risk in the case of an accident or emergency. I understand that Bristol City Council does not apply a charge to a carer. However if a carer is unable to provide care and alternative care is arranged, by Bristol City Council, the person receiving care may be liable to make a contribution following a financial assessment.*

Signature *Carer*

Date

Signature *Cared For Person*

Date

If the person cared for cannot sign,
has this scheme been discussed with them? Yes No

I consent to my personal details being added to the Carers Support Centre database to keep me informed about services and support available to carers.

* For more information please go to **www.bristol.gov.uk.social-care-health** type in *Bristol City Council Charging leaflet* in the search bar and then choose *Information about Bristol City Council Care and Support charges* or call the integrated Carers Team on **0117 352 1668**.

More information

A Carer's Assessment:

Looks at the impact your caring role has on you and what support is available. www.bristol.gov.uk/social-care-health/carers or call **0117 352 1668**.

Support, information and advice for carers in Bristol:

Carers Support Centre
www.carerssupportcentre.org.uk
Email: carersline@carerssupportcentre.org.uk

Call Caresline on **0117 965 2200**.

If you require support or services for the Cared For person then please contact Care Direct on **0117 922 2700**.

An online version of this form is available at www.bristol.gov.uk/social-care-health/carers

If you have any questions, or need help filling in this form please contact the Integrated Carers Team on **0117 352 1668**.

Please return this form to:
**ABS Adult Care & Support
Business Change
Bristol City Council (City Hall)
PO Box 3176
BS1 5TR**

For more information on how your personal data is stored, please visit the Privacy Notice section on the Carers pages on the Bristol City Council website, and open the 'Privacy Notice – Carers Emergency Card' document.

If you have agreed for us to share your information with Carers Support Centre, then you can find out more about this by opening the 'Privacy Notice – Carers Support Centre' document.

