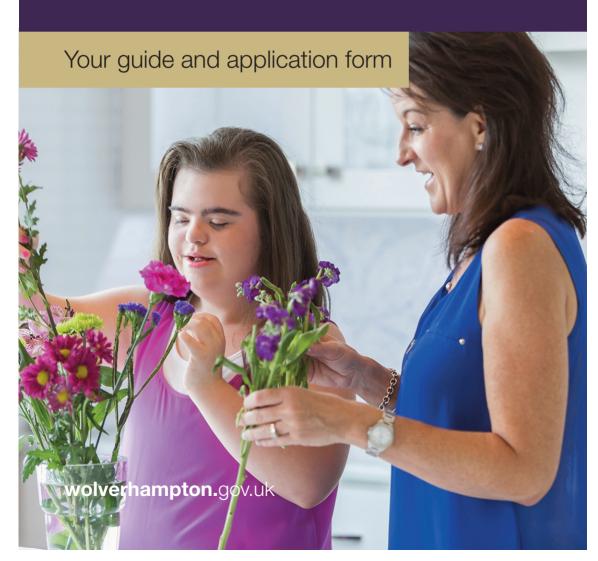
CITY OF WOLVERHAMPTON C O U N C I L

## Carers Emergency Card



# Carer's Emergency Card Scheme

This guide tells you about the benefits of the Carers Emergency Card. The scheme has been set up to ease carers' concerns about what would happen to the person(s) they care for if they were suddenly taken ill, involved in an accident or emergency and were unable to say that someone is dependent on them. The card will offer you reassurance and also identify that you have a caring role.

#### How does the scheme work?

The carers' emergency card should be carried by the carer at all times. To make this easier it is the size of a credit card. The card states:

'The bearer of this card is a carer and is looking after someone who may be in need of urgent assistance at home. Please contact the telephone number below and quote the personal reference number.'

This card is **only for use in an emergency situation** where the carer is unable to communicate that they look after someone.

When the card is found the ambulance/hospital/police staff will call **Adult Social Care** on **01902 551199** and quote the personal reference number. The officer on duty will locate the emergency card form and contact the identified emergency contacts in order of priority.

## To ensure that the process works you MUST:

- always carry the card
- not share the card with anyone else
- inform the Carer Support Team of any changes in circumstances e.g. change address, emergency contacts etc by calling **01902 553409**

For more information, please contact the Carer Support Team:

Central Library, Snow Hill, Wolverhampton WV1 3AX

Email: carer.support@wolverhampton.gov.uk

Follow us: @wolvescarers

## Carers Emergency Card **Application Form**



## **Carer Support Team**

Central Library, Snow Hill, WV1 3AX Telephone: 01902 553409

www.wolverhampton.gov.uk

Office Use Only			
Card No:			
Date Card Issued:			
New / Replacement  YES  NO			
Carers P No.	Cared for P No.		
Details for the Carer:			
Title:			
Full Name:			
Address:			
Postcode:			
Date of Birth:			
Telephone:			
Mobile:			
Email:			

## **Details for the Person that you care for:**

Title:	
Full Name:	
Address:	
Postcode:	
Date of Birth:	
Telephone:	
Mobile:	
Details of condition/illness/dis	ability:
Please give the reason(s) why the person If more than one box is ticked then please	
Learning Disability	Physical Disability
Sensory Disability (eg sight/hearing)	Mental Health Needs
Person under 18	Person over 65 (Physically Frail)
Person over 65 (Mental Health Needs	)

eeds/requirements?		
Who is the	GP of the person you care for?	
Who is the Doctors Name	9:	
Doctors Name	9:	
Doctors Name	9:	
Doctors Name	9:	
Doctors Name	9:	
Practice Addre	9:	
Doctors Name	9:	
Practice Address Postcode: Telephone:	ready in touch with Adult Social Care	
Practice Address  Postcode:  Telephone:	ready in touch with Adult Social Care	

## **Emergency Contacts**

In an emergency who could be contacted to take over some or the entire caring role?

### Contact 1

Name:
Address:
Telephone:
Relationship to you:
Relationship to the cared for person:
Does this person have a key to the property? YES NO
Contact 2
Name:
Address:
Telephone:
Relationship to you:
Relationship to the cared for person:
Does this person have a key to the property? YES NO

Is the person you care for able to answer the door?				
YES NO				
Is there any other information that you feel is necessary to help provide care for the person in your absence?				
<b>Agreement</b> I agree to this information being kept on the Adult Social Care electronic system 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.				
Signature:				
Date:				
Please state your ethnic (tick as appropriate)	origin (you do not have	to state this if you prefer not to):		
White	Indian	Black African		
Pakistani	Black Caribbean	Bangladeshi		
Black Other	Chinese			
How did you find out about Carer Support Services? (please tick appropriate box)				
Information stands	Internet	Word of Mouth		
Social Worker	GP Surgery	Dentist		
Pharmacy	Other			
Please specify if other:				
Information				
Would you like to receive the Carers Newsletter and bulletin and information about events and training available in the City? YES NO				
Would you prefer this by	Email	Post		