

IAS:

Tameside Emergency Carers (TEC) Card

Carer Details:

Title _____

Forename _____

Surname _____

Date of birth _____

Ethnicity _____

Address _____

Postcode _____

Tel. No. (Home) _____

(Work) _____

(Mobile) _____

Cared For Details:

Title _____

Forename _____

Surname _____

Date of Birth _____

Ethnicity _____

Address _____

Postcode _____

Tel. No. (Home) _____

(Work) _____

(Mobile) _____

Cared for Relationship to you (Carer) _____

The person I care for has the following illness and/or disability:

How well can the person you care for understand what they are being told?

Is the person you care for taking any regular medication?

YES*

NO

*If YES, please enquire about the 'Message in a Bottle' scheme at the Carers Centre next time you are visiting.

Who is the GP of the person you care for?

GP Name _____

Practice _____

Address _____

Tel.No. _____

Are there other relatives or friends who could take over all or some of the caring role in an emergency?

Yes

No

Please note that you must ask their permission before writing their details as they may be contacted in an emergency.

If you have answered yes please give details;

Person 1

Name _____

Address _____

Postcode _____

Tel.No. (Home) _____

(Work) _____

(Mobile) _____

Relationship to you? _____

Person 2

Name _____

Address _____

Postcode _____

Tel.No. (Home) _____

(Work) _____

(Mobile) _____

Relationship to you? _____

If the person you care for is unable to answer the door, please give us details of a key holder, or a key safe* number, so that access could be gained in an emergency.

Please note that you must ask their permission before writing their details as they may be contacted in an emergency to gain access to the property.

Name of key holder

Address

Postcode

TEL.NO. (Home)

(Work)

(Mobile)

Key Safe Number

*Key Safes are quite small and are designed to store a key to gain entry, ideally located on the outside of a building. The key safe can store a front and/or back door key for care workers, Meals on wheels etc.

Are you or the person you care for members of the community response service?

Yes

No

If yes, do you know your ID Number?

At which address is the alarm placed?

Does the person you care for have a social worker, health visitor, CPN, community worker or any other worker from the health authority, social care & health or any other agency staff?

YES

NO

If you have answered yes, we need the following information:

Person 1

Name _____

Job title _____

Contact Address _____

Tel. No. _____

Person 2

Name _____

Job title _____

Contact Address _____

Tel. No. _____

What other information would you like us to record to help the person you care for in the event of an emergency?

e.g. Days on which the person is at school, college, day care, rotating respite, Adult Placements, with their PA _ Direct Payment worker, **if applicable**

Please give details and times;

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Contact details of School/College/Day Care/Respite/PA – Direct Payment etc **if applicable**

Address

Tel. No. _____

Address

Tel. No. _____

It is important that you notify the Carers Centre if any of the information on this form needs to be amended due to a change in circumstances. If your caring role comes to an end or the person you care for goes into permanent nursing/residential care you must contact the Carers Centre immediately.

I AGREE TO THIS INFORMATION BEING HELD BY TAMESIDE CARERS CENTRE AND SHARED WITH THE COMMUNITY RESPONSE TEAM AND TAMESIDE CONTROL, SOLELY FOR THE PURPOSE OF ENSURING THAT THE PERSON I CARE FOR IS NOT LEFT AT RISK IN THE EVENT OF AN ACCIDENT OR EMERGENCY. I AGREE TO INFORM YOU OF ANY AMMENDMENTS OR CHANGES IN CIRCUMSTANCES.

SIGNED _____

DATE _____

Please return to:
Tameside Carers Centre
Peoples Place, Tameside One
Market Place,
Ashton- under -Lyne
OL6 6BH