

Carers Emergency Card Support Service: Enrolment Form

Card Number:

Date of registration:

Not to be completed by carer **For office use only**

Carer details

Title:

Forename:

Surname:

Address:

 Post Code:

Telephone No:

Mobile No:

Relationship To Person Cared for:

Details of Cared for Person

Title:

Forename:

Surname:

Address:

 Post Code:

Telephone No:

Mobile No:

Date of Birth:

Please give us physical and medical details and needs of the person you care for to enable us to provide correct support in an emergency.



RHONDDA CYNON TAF

Details of the Cared for Person's Family Doctor

Name:

Practice

Address:

 Post Code:

Telephone No:

Mobile No:

Details of Community Care Worker/Social Worker (if appropriate)

Name:

Job Title:

Office:

 Post Code:

Telephone No:

Mobile No:

One of the two people you list below would be the first person that Carelink will contact in the event of an emergency. It is best to make sure these contacts are also keyholders or have immediate access to a key.

Contact 1

Title:

Forename:

Surname:

Address:

 Post Code:

Telephone No - Daytime

Mobile No:

Telephone No - Evening

Telephone No - Weekend

Relationship To Person Cared for:

Access

Are there any difficulties in gaining access to your home (e.g animals, security systems etc) and if so is there someone that could assist with access.

Does the person you care for have a Lifeline Carelink Alarm? Yes/No

Other Alarm? Yes /No Alarm Type

Do you leave the person you care for unattended in a car at any time? Yes/No

Car Make: Car Model: Car Registration No:

If you would like any assistance in completing this form please contact the Carers Support Project on the Freephone Carersline 0808 100 1801.

If any information on your form changes please contact the Carers Support Project on the Freephone Carersline 0808 100 1801.

In accordance with the data protection act we are required to obtain your permission to transfer the information contained within this form onto the Carers' Emergency Card Support Service database held by Carelink. This database is completely confidential and your details will only be accessed in the event of you requiring assistance.

I give consent to the information contained within this form being transferred onto the Carers' Emergency Card Support Service database.

Signature.....Print Name

Date.....

Please return your completed enrolment form to: Rhondda Cynon Taf Carers Support Project,
Freepost SWC2969, Pontypridd, CF37 5GZ