



Cared for ref.
Carer ref.



CARERS REGISTRATION FORM

Please complete this form as fully as possible so that we can issue you with an Emergency Card Pack. If you require any help with this form, please speak to one of our carers support workers by telephoning 01896 752431 or call in at the Carers Centre between 10am and 2pm, Monday to Friday. The Carers Centre is located at Brewerybrig, Low Buckholmside, Galashiels, TD1 1RT. If circumstances change please inform us.

PLEASE USE BLOCK CAPITALS AND BLACK INK

1. Please provide YOUR details:

Title..... First Name Surname.....

Address

..... Post Code

Date of Birth Telephone.....

Mobile..... Other Contact No. (e.g. work).....

Your Doctor's Name

Your Doctor's Address

Can we tell your Doctor you are a Carer? Yes No

2. Please provide details of THE PERSON YOU CARE FOR:

Title..... First Name Surname.....

Address

..... Post Code.....

Date of Birth Telephone.....

Mobile.....

Relationship to You.....

Their Doctor's Name

Their Doctor's Address

Can we tell their Doctor you are their Carer? Yes No

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3. Please provide details of all other persons in the household where the cared for lives:

4. Please provide more details of the person you care for:

How long can they be left alone?

.....

If the Person you care for normally receives a service such as home care, Day Centre, school etc, please provide details below:

Mondays	
Tuesdays	
Wednesdays	
Thursdays	
Fridays	
Saturdays	
Sundays	

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5. Emergency Contacts: EMERGENCY CONTACT 1

TITLE..... DATE OF BIRTH

FIRST NAME SURNAME

ADDRESS

..... POST CODE

TELEPHONE No..... MOBILE.....

OTHER CONTACT NUMBER (e.g. work).....

RELATIONSHIP TO CARER

RELATIONSHIP TO CARED FOR

Is the contact a keyholder?

(Tick if yes).....

DECLARATION

As an emergency contact in the Carers Emergency Card Scheme, I understand that I will be contacted in an emergency to attend to the person that is being cared for should the carer be delayed or unable to fulfil their caring role. I agree to this information being shared with the carer and the cared for person as well as Social Work Services, NHS Borders, the Police and the Carers Centre if it enables appropriate action to be taken for the person being cared for. My information will not be used for any other purpose. I agree to this information being held electronically.

Signed Date.....

5. Emergency Contacts: EMERGENCY CONTACT 2

TITLE..... DATE OF BIRTH

FIRST NAME SURNAME

ADDRESS

..... POST CODE

TELEPHONE No..... MOBILE.....

OTHER CONTACT NUMBER (e.g. work).....

RELATIONSHIP TO CARER

RELATIONSHIP TO CARED FOR

Is the contact a keyholder?

(Tick if yes).....

DECLARATION

As an emergency contact in the Carers Emergency Card Scheme, I understand that I will be contacted in an emergency to attend to the person that is being cared for should the carer be delayed or unable to fulfil their caring role. I agree to this information being shared with the carer and the cared for person as well as Social Work Services, NHS Borders, the Police and the Carers Centre if it enables appropriate action to be taken for the person being cared for. My information will not be used for any other purpose. I agree to this information being held electronically.

Signed Date.....

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6. Other details

Please give any other details or information that you feel is necessary or important.
For example, medical condition of the person you care for, e.g. diabetic:

7. DECLARATION BY CARER AND CARED FOR:

We agree that the contact names in section 5 can be used in an emergency. It is the carer's responsibility to ensure that the Emergency Contacts are made aware of any medication details for the person they care for. We agree to this information being shared with statutory agencies and the Carers Centre if it enables appropriate action to be taken.

Signed (carer).....

Signed (cared for).....

Date.....

Return this form to:

**The Princess Royal Trust Borders Carers Centre,
Brewerybrig, Low Buckholmside, Galashiels, TD1 1RT.**

Telephone: 01896 752431

For office use:

CARERS CENTRE

Date pack issued _____

Completed by _____ Date referred to Bordercare: _____

Date passed to GP register: _____