|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emergency Card Registration**  1:3 | | | | |
| Please complete this form so that Borders Carers Centre can send you your emergency cards.  If you need help to complete this form, please:   * phone us on 01896 752431 or * visit us at Brewerybrig, Low Buckholmside, Galashiels TD1 1RT (open 9am to 4pm daily) | | | | |
|  | | | | |
| Privacy Notice | | | | |
| Please be aware that:   * we hold the information (data) you have provided on Borders Carers Centre’s secure database * we only share this information with council staff who operate the on-call service for emergency cards (information is shared with the NHS, Police and any other relevant services only if a card is activated) * you are agreeing to our holding and sharing this information when you sign the various declarations contained in this emergency card registration form | | | | |
|  | | | | |
| CARER | | | | |
| Name in full |  | | | |
| Address incl. postcode |  | | | |
| Telephone Landline |  | | Telephone  Mobile |  |
| GP & Surgery |  | | | |
| May we tell your doctor you are a carer? |  | | Date of Birth |  |
|  | | | | |
| CARED FOR | | | | |
| Name in full |  | | | |
| Address incl. postcode |  | | | |
| Telephone Landline |  | | Telephone  Mobile |  |
| GP & Surgery |  | | | |
| May we tell your doctor you are cared for? |  | | Date of Birth |  |
| (Cared for) Relationship to you | |  | | |

|  |  |  |
| --- | --- | --- |
|  | | |
| CARED FOR continued 2:3 | | |
| Please tell us about anyone else who lives with the cared for person? | |  |
| How long can the cared for be left alone?  Days / Hours / Minutes | |  |
| Is there anything about the cared for that you feel we should know? For example, can they be left alone, do they take prescribed medication, are they diabetic, epileptic? | |  |
|  | | |
| Please tell us about any daily/ weekly services the cared for receives, eg. home care, day centre, school? | | |
| MONDAY |  | |
| TUESDAY |  | |
| WEDNESDAY |  | |
| THURSDAY |  | |
| FRIDAY |  | |
| SATURDAY |  | |
| SUNDAY |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| 1. Emergency contact primary 3:3 | | | | | |
| Name in full |  | | | | |
| Address incl. postcode |  | | | | |
| Telephone Landline |  | | Telephone  Mobile |  | |
| Relationship  to CARER |  | | Relationship to CARED FOR |  | |
|  | | | YES ✓ | | NO 🗶 |
| Is the primary contact a KEYHOLDER? | | |  | |  |
| Is the primary contact over 18 years? | | |  | |  |
| Signature of Primary contact |  | | | Date |  |
|  | | | | | |
| 1. Emergency contact secondary | | | | | |
| Name in full |  | | | | |
| Address incl. postcode |  | | | | |
| Telephone Landline |  | | Telephone  Mobile |  | |
| Relationship  to CARER |  | | Relationship to CARED FOR |  | |
|  | | | YES ✓ | | NO 🗶 |
| Is the secondary contact a KEYHOLDER? | | |  | |  |
| Is the secondary contact over 18 years? | | |  | |  |
| Signature of Secondary contact | |  | | Date |  |
|  | | | | | |
| Declaration | | | | | |
|  | Signature | | | | Date |
| CARER |  | | | |  |
| CARED FOR |  | | | |  |
|  | | | | | |
| Please return this form to:  Borders Carers Centre, Brewerybrig, Low Buckholmside, Galashiels TD1 1RT | | | | | |
|  | | | | | |
| Office Use: | | | | | |