

# Carers Emergency Card

Your guide and application form



[wolverhampton.gov.uk](http://wolverhampton.gov.uk)

# 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](mailto:carer.support@wolverhampton.gov.uk)

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# Carers Emergency Card Application Form

CITY OF  
WOLVERHAMPTON  
COUNCIL

## Carer Support Team

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

**[www.wolverhampton.gov.uk](http://www.wolverhampton.gov.uk)**

Office Use Only	
Card No:	
Date Card Issued:	
New / Replacement <input type="checkbox"/> YES <input type="checkbox"/> NO	
Carers P No.	Cared for P No.

## Details for the Carer:

Title:

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Full Name:

---

Address:

---

---

Postcode:

---

Date of Birth:

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Telephone:

---

Mobile:

---

Email:

## Details for the Person that you care for:

Title:

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Full Name:

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Address:

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Postcode:

---

Date of Birth:

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Telephone:

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Mobile:

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## Details of condition/illness/disability:

Please give the reason(s) why the person needs care by ticking the box(es) below. If more than one box is ticked then please underline the main disability as well.

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*)

**Does the person you care for have any communication needs/requirements?**

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**Who is the GP of the person you care for?**

Doctors Name:

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Practice Address:

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Postcode:

---

Telephone:

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**Are you already in touch with Adult Social Care (Social Services)?**

YES     NO

## 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

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**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?**

**Agreement**

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 origin** (*you do not have to state this if you prefer not to*):  
(tick as appropriate)

- 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

**wolverhampton.gov.uk** 01902 551155

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