

Carers Emergency Card

What is a Carers Emergency Card?

This is a card that carers can carry to alert others if they are involved in an accident or are otherwise unable to return home to maintain their caring responsibilities.

The card will enable emergency services or others to make contact with relevant people to let them know that there is someone at home who cannot manage without help.

How will this work?

Carers complete a registration form giving details of the person they care for, together with contact details of up to three nominated persons who can respond in an emergency or other unforeseen circumstance.

The completed form is sent to Delta Wellbeing, who will then issue an individually numbered Carers' Emergency Card to the carer.

In the event of an emergency or an unexpected event, emergency services or others will contact Delta Wellbeing quoting the unique registration number, this will enable staff to activate support by contacting the nominated person(s).

The nominated person(s) will provide interim support to avoid risk of deterioration or crisis to the vulnerable person at home.

What if I don't have anyone who could temporarily take my place?

You can still register for the scheme. In the event of an emergency, Delta Wellbeing will automatically call social services who will respond and if necessary, make alternative arrangements for the person being cared for. Similarly, if the nominated person(s) is not available social services will be contacted.

What does the nominated person(s) have to do?

The nominated person should know the person you care for and how much help and support they need. They will have given their permission to be contacted, they will know how to access your home and know what to do in such circumstances.

Nominees should also be aware of which GP the person you care for is registered with, and of any other family member(s) they should contact if they are called upon.

How do I apply for a card?

You can apply for a card by completing the registration form at the end of this fact sheet. Once completed, the form should then be sent to:

Delta Wellbeing, Eastgate, Llanelli, Carmarthenshire. SA15 3YF

Once the form is returned to Delta Wellbeing, they will process the information and send you a card with your unique registration number.



For more information on social care services log onto:
www.carmarthenshire.gov.wales/socialcare

All information will be treated in confidence and in compliance with the Data Protection Act 2018. Information will only be shared with other agencies with your consent, the consent of the person being cared for and the nominated person(s).

However, there are occasions when we are legally required to disclose information without your consent, for example

- To the police or court in serious legal or criminal matters
- To avoid serious harm to yourself or other people

What if my circumstances change?

If there is any change in your circumstances, please contact Delta Wellbeing on 0300 333 2222 to report the changes.

Details of other organisations providing support to carers can be accessed from:

Carers' Information Service: 0300 0200 002

If you would like this leaflet in large print, braille or on audio, please contact 01267 228703



For more information on social care services log onto:
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Carers' Emergency Card scheme – registration form

Office Use – Reference number: _____

This information will be treated in confidence and shared only in an emergency or if we are concerned with your welfare or the welfare of the person being cared for.

Please complete in block capitals. Every section must be completed.

Carer details:			
Name:	_____	Date of birth:	_____
Address:	_____		
		Postcode:	_____
Telephone numbers:	Home: _____	Work: _____	Mobile: _____
Details of the person being cared for:			
Name:	_____	Date of birth:	_____
Address:	_____		
Postcode:	_____		
Telephone numbers:	Home: _____	Work: _____	Mobile: _____
GP name and address:	_____		
What is their illness or disability (please list all conditions, such as “diabetes – tablet controlled”/ “dementia”/ “deaf or hard of hearing” etc			
What is their relationship to you (husband, wife, son, daughter, other):			

Emergency contact:

Do you have a person to contact in an emergency? (please circle)

Yes

No

You must ensure that the person(s) nominated has access to the property and will know what to do in an emergency.

Nominated person 1 – First contact:

Name: _____ Date of birth: _____

Address: _____

Postcode: _____

Telephone numbers:	Home: _____	Work: _____	Mobile: _____
Relationship to the person being cared for: _____			
Nominated person 2 – Second contact:			
Name: _____	Date of birth: _____		
Address: _____			
Postcode: _____			
Telephone numbers:	Home: _____	Work: _____	Mobile: _____
Relationship to the person being cared for: _____			
Nominated person 3 – Third contact:			
Name: _____	Date of birth: _____		
Address: _____			
Postcode: _____			
Telephone numbers:	Home: _____	Work: _____	Mobile: _____
Relationship to the person being cared for: _____			
What if there is no nominated person?			
If you don't have a nominated person or the nominated person is not available, the Delta Wellbeing staff will contact social services who will respond and ensure that alternative arrangements can be made for the person being cared for.			

Information to share with the emergency services:		
Is the person you care for known to social care (please circle yes or no)	Yes	No
If yes, please tell us which social worker or team: _____		
What does the person you care for need help with? (please circle yes or no)		
Mobility – needs assistance with walking/getting around / uses a wheelchair	Yes	No
Washing and dressing	Yes	No
General day to day support (maybe confused or prone to agitation)	Yes	No
Preparing food and drinks (are there any dietary needs?)	Yes	No
Taking tablets or other medicines	Yes	No

Please add any other details here:

How would the emergency services get in? (Please describe who has a key or where the key is kept or how it can be accessed).

Other support that the person being cared for receives:
 Please tell us about any services already in place e.g. home care / day care

Service in place	Name of company	How often

Other information that is important

Please tell us anything else that may be useful in an emergency, including whether you have a pet and what you want us to do with it.

In order for us to provide a responsive service it may be necessary for us to share this information with other agencies.

I hereby agree that the above information can be held on file and used in an emergency situation.

Carer's signature: _____ Date: _____

Dependents signature: _____ Date: _____

Nominee's signature 1 _____ Date: _____

Nominee's signature 2 _____ Date: _____

Nominee's signature 3 _____ Date: _____