## **Department for Communities**

## **Carers ID Card / Carers Emergency Card**



<b>Facts</b>	heet 9
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(September 2025)

### What is a Carers ID Card / Carers Emergency Card?

A Carers ID Card / Carers Emergency Card is a wallet-sized identification card for unpaid carers.

The card serves two purposes:

- 1. Access to Discounts: Carers can access available discounts and will be offered a carers assessment either on their own or have a joint assessment with the 'cared for'. (More information about a carers assessment can be found on Factsheet 8)
- 2. Emergency Response: Carers can carry these cards and if they are involved in an accident or are unable to return home to maintain their caring responsibilities emergency services or others will be able to make contact with relevant people to let them know that there is someone at home who cannot manage without help. (This is optional)

This card is valid for 3 years and you can reapply when it expires if you are still an unpaid carer.

#### What kind of discounts can I receive?

Local Businesses in Carmarthenshire offer discounts to cardholders. Participating businesses display a sticker at their premises. A list of the participating business is available online: www.carmarthenshire.gov.uk/carerscard.



## **How will Carers Emergency Card Element work?**

As a carer, you have the option to participate in the Carers Emergency Card element. This element ensures that in case of an emergency, relevant contacts are notified to provide support for the person you care for.

Carers complete a registration form giving details of the person they care for, and up to three nominated people who can respond in an emergency or other unforeseen circumstances.

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

In the event of an unexpected event or emergency Delta Wellbeing can be contacted and by quoting the unique registration number, this will enable staff to activate support by contacting the nominated person(s). They will then provide interim unpaid care 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.

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

The nominated person should know the person you care for and the support they need. We record their details so they can be contacted in an emergency if you are unable to provide care. It is best if they are aware of this and agree to be contacted. They should know how to access your home and 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 Carers ID Card / Carers Emergency Card by completing the registration form online at www.carmarthenshire.gov.uk/Carerscard or at the end of this Factsheet and return to:

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

If you only require the card for discounts, please only complete **Part 1** of the form.

If you would like to opt into Carers Emergency scheme, please complete Part 1, Part 2. and Part 3.

## What if my circumstances change?

Contact Delta Wellbeing on 0300 333 2222 to report any changes.

#### **Support for Carers**

Details of other support provided to Carers can be accessed via:

Adferiad - Carers' Information & Support Service: 0333 1211 332

This factsheet is also available in Welsh. If you would like this factsheet in any other format telephone 01267 228703 or email: socialcare@carmarthenshire.gov.uk



# Carers' ID Card & Carers Emergency Card Registration Form

Please put a tick in the box if you would like to Opt i	n to supply Emergency Response Information
Opt in: Emergency Response	
If you only require the card for discounts please only	y complete <b>Part 1</b> of the form.
If you opt into Carers Emergency scheme, please c	omplete Part 1. Part 2. and Part 3

	Part	1		
Carer details				
Name:			Date of birth	1:
Address:				
			Postcode:	
Telephone numbers:	Home:	Work:	1	Mobile:
Details of the person	being cared for			
Name:	Name:		Date of birth:	
Address:				
			Postcode:	
Telephone numbers:	Home:	Work:		Mobile:
GP name and address:				
	on of the 'cared for'? m, Dementia, Physical Disa	ibility etc.		
What is their relation (Husband, Wife, Son, Dau				

Return to: Delta Wellbeing, Eastgate, Llanelli, Carmarthenshire. SA15 3YF

## **Carers Emergency Card Element**

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

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.

If you **don't** have a nominated person or the nominated person is not available, Delta Wellbeing staff will contact Social Care Services who will respond and ensure that alternative arrangements can be made for the person being cared for. Please complete information in **Part 3**.

Please ensure that all nominated people are aware that they will be providing interim unpaid care.

Part 2 Nominated Persor	n Information		
Nominated Person –			
Name:			Date of birth:
Address:			
			Postcode:
Telephone numbers:	Home:	Mobile	ə:
Relationship to the per	son being cared for:		
Nominated Person –	Second Contact		
Name:			Date of birth:
Address:			
			Postcode:
Telephone numbers:	Home:	Mobile	<b>&gt;</b> :
Relationship to the per	son being cared for:		
Nominated Person –	Third Contact		
Name:			Date of birth:
Address:			
			Postcode:
Telephone numbers:	Home:	Mobile	e:
Relationship to the per	son being cared for:		

Return to: Delta Wellbeing, Eastgate, Llanelli, Carmarthenshire. SA15 3YF

Part 3 Information to share with the	Emergency Services			
What does the person you care fo	or need help with? (please	circle yes or no)		
Taking tablets or other medicines				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
Please add any other details here	:		<b>'</b>	<u>'</u>
How would the Emergency Service kept or how it can be accessed). Ar pets?  Please tell us about any other suphome care / day care:	re there any hazards getting	into the property	. Are ther	e any
				_
Service In Place	Name of Company	Но	w Often	
Service In Place	Name of Company	Но	w Often	
Service In Place	Name of Company	Но	w Often	
	•	Но	w Often	
Other information that is important Please tell us anything else that may and what you want us to do with it.	nt			ve a pet
Other information that is importar Please tell us anything else that may	nt			ve a pet
Other information that is importar Please tell us anything else that may	nt			ve a pet
Other information that is important Please tell us anything else that may and what you want us to do with it.	nt y be useful in an emergency	, including wheth	ner you ha	ve a pet
Other information that is importar Please tell us anything else that may	nt y be useful in an emergency nformation can be held o	, including wheth	ner you ha	ve a pet

Return to: Delta Wellbeing, Eastgate, Llanelli, Carmarthenshire. SA15 3YF

Date:

Dependents Signature: