

Additional Cared For – Carers Emergency Card

Carers name:

For office use only

Telephone number:

Details of the **ADDITIONAL** person you care for

Title: (Mr/Mrs/Miss/Ms)

Gender: Female Male Other Prefer not to say

Full name:

Date of birth:

Full address & postcode:

Contact details:

Home phone:

Mobile:

Other daytime contact (work,
college, school, day centre):

Email:

GP's surgery name:

The main person I care for is my: (e.g. wife, son, partner, friend, neighbour)

On average how many hours a week do you help the person you care for?

Less than 50 More than 50

The main person **I care for** has these difficulties/disabilities: (Please tick all that apply)

Physical disability

Hearing loss

Sight loss

Mental Health

Learning Difficulty

Elderly frail

Long term illness

Dementia

Substance misuse

Other (please specify)

What main illness/condition does the main person **you care for** have?

Disability & Communication needs

Please tick anything they have difficulty with & provide brief details where necessary.

Communication
Memory difficulties
Aggressive/Challenging behaviour
Eating/Drinking
Food preparation

Moving around
Washing or dressing
Toileting
Allergies

If you have ticked any of the boxes above please give details in the box below

Is there anything else they may need essential assistance with if you or your contacts were not there to support them?

Is there a Message in a Bottle at the property?

Yes No

If a member of the Rapid Response Team is called to the property what do they need to know? E.g. information about access to the property not previously mentioned i.e. steps, gates, pets etc.

Tick if all the information is the same as cared for or complete below.

Emergency Contact , Keyholder and Keysafe Details

Tick if all the information is the same as the main cared for or complete ALL sections below if ANY any details differ.

Emergency contact (not carer)

Full Name:

Address:

Postcode:

Tel no:

Mobile no:

Work no:

Relationship to the cared for person:
(e.g. wife, son, friend, neighbour)

Also a keyholder? Yes No

Emergency contact (not carer)

Full Name:

Address:

Postcode:

Tel no:

Mobile no:

Work no:

Relationship to the cared for person:
(e.g. wife, son, friend, neighbour)

Also a keyholder? Yes No

If neither of the Emergency Contacts are Keyholders, please provide the details of at least one local keyholder below

Keyholder 1

Full Name:

Address:

Postcode:

Tel no:

Mobile no:

Work no:

Keyholder 2

Full Name:

Address:

Postcode:

Tel no:

Mobile no:

Work no:

Keysafe

Yes No Location at the property

Please **do not** write the keysafe number on this form. Before returning your form phone **0117 958 9907** at Carers Support, leaving your name and keysafe number only.

Your Consent

In the event of an emergency, I agree that the information on this form can be shared with anyone named on it, or with professionals and agencies that may need to be involved in providing emergency care.

Your personal details will also be held by Carers Support as per their [Privacy policy](#). This includes consent to be contacted by email, phone or post & consent to contact you to ask your views about service changes or new developments.

Carer's full name (please use capital letters):

Signature:

Date:

Please return this Additional Cared For sheet to:

FREEPOST RSSU-EZEA-JLLR
Carers Support
The Vassall Centre
Gill Avenue
Fishponds
Bristol BS16 2QQ

OR

email: cecapps@carersbsg.org.uk

Please ensure you type CEC & the carers name into the email subject line.

If completing with a Carers Emergency Card form, please return them both together.



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