

# Connecting Carers and Carers **Emergency Card**

Take the first step  
to getting connected  
in South Gloucestershire



**Groups &  
Activities**

**Peace of mind  
when you're out  
and about**

**Staying in  
Touch**

**Where to get  
Help & Support**

# Connecting Carers in South Gloucestershire

A carer is someone who provides support to family or friends who could not manage without them. If you look after someone who relies on you to help them live as independently as possible, then you are a carer. Carers Support can put you in touch with other organisations, activities, other carers and services that may interest or benefit you as a carer. Anyone can become a carer and we know that every carer's situation is different. For you, it may have taken some time to realise you are a carer. The sooner we can identify carers the better, so that we can help you find the support that will benefit you the most.

## Why apply to Connecting Carers?

Connecting Carers is a free, voluntary and independent register for carers who live in South Gloucestershire or care for someone who lives in South Gloucestershire. We can provide a range of information about practical services for carers, including the Carers Emergency Card, confidential telephone helpline, one to one support, Carers Assessment, Sitting Service and carers support groups.

## What happens to your information:

The information you give will be held securely and won't be passed to any other organisation without your consent. We do ask for surgery details. If you agree, we will let your GP surgery know that you are a carer. This means that your GP surgery will be able to make sure you are looking after your own health.

## What is a Carers Emergency Card:

If the person you care for lives in South Gloucestershire (this means they pay their council tax to South Gloucestershire Council) you may want to apply for a Carers Emergency Card. This service is free to apply for and gives peace of mind to carers when they are out and about. Carers carry a card which identifies them as a carer and has a personal identification number. If a carer is taken seriously ill or has an accident/emergency, dialling the telephone number on the card lets a 24 hour Emergency Call Centre

know that the person they care for needs help. If the person you care for pays council tax to Bristol City Council you will need a Bristol card. For a Bristol card call Care Direct on **0117 922 2700**

## How does it work?

Carers carry a card which shows their name and unique identification number. In the event of an emergency the telephone number on the front of the card can be called to trigger the emergency response. The Emergency Call Centre take the call and contact the people you have given as emergency contacts. If there are no emergency contacts, or they are not available to help, key information is then passed onto the Rapid Response Team, operated by South Gloucestershire Council.

## What to do next:

If you want to join our register, apply for a Carers Emergency Card and receive information about our services, please save and return the completed Connecting Carers Application form and the Carers Emergency Card form (pages 3, 4, 6, 7 & 8). We will then send you an information pack and your Carers Emergency Card (if you have applied for one).

## Return the form to:

**cecapps@carersbsg.org.uk**  
putting your name in the subject line

## Alternatively send a copy to:

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

## If you care for more than one person:

Please return the form and additional Cared for sheet/s together.

## What if you need help?

If you want help filling in this form, or need information in a different format/ language, please contact us.

# Connecting Carers Application Form

Please use a **BLACK PEN** only to complete the form.

**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 phone:

Work phone:

Email:

**GP's surgery name (yours):**

**I am happy for my GP to be informed that I am a carer:** Yes No

**I understand that the data I provide will only be used by the provider(s) responsible for maintaining Connecting Carers.** Please tick.

## Disability and Communication Needs

Please tell us about any disability, communication or language needs **you** have and how this affects you?

**An interpreter can be arranged to help people who require assistance in written or spoken communications.** Please describe your needs.

**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?**

# Help us tailor and monitor Carers' Services

Please answer the following optional questions about yourself. The information you supply will help us to better understand the needs of all carers so that we can tailor our support to you. We will also use this information to monitor the services we provide. Responses to these questions will remain confidential. Individuals will not be identified and personal details will not be published.

## What is your ethnicity?

Please tick one only

### I am White

English/Welsh/Scottish/N Irish/British  
Irish  
Other White group (please specify)

### I am of Mixed Ethnic Origin

White and Asian  
White and Black African  
White and Black Caribbean  
Other mixed group (please specify)

### I am Asian or Asian British

Bangladeshi  
Indian  
Pakistani  
Other Asian group (please specify)

### I am Black or Black British

African  
Caribbean  
Other Black group (please specify)

### I am Chinese

Chinese  
Other Ethnic group (please specify)

### I am a Gypsy/traveller

Irish heritage  
Other (please specify)

## What is your religion/belief?

Please tick one only

Buddhist  
Christian  
Hindu  
Jewish  
Muslim  
Sikh  
No religion  
Prefer not to say  
Any other religion (please specify)

## What is your sexual orientation?

Please tick one only

Bisexual  
Gay man  
Gay woman/lesbian  
Heterosexual  
Other/prefer not to say

## Do you identify as a transgender person?

Yes  
No  
Prefer not to say

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

Less than 50 hours  
More than 50 hours

# South Gloucestershire Carers Emergency Card

## Carers Emergency Card application

To join this service the person you care for must live in South Gloucestershire (this means their council tax is paid to South Gloucestershire Council).

We need to ask you some additional questions about the person you care for and about access to their home. This information will be passed to the Emergency Call Centre and held securely by them. In the case of an emergency it will be passed to South Gloucestershire Council's Rapid Response Team if necessary. The information you supply is only used for this scheme.

First of all you need to decide who will be an emergency contact and/or keyholder. You need to let them know you are giving their details to us. You also need to tell the person you care for that you will be carrying an emergency card and what this means.

Please note that Carers Support and the Rapid Response Team cannot be responsible for damage to the property if access is not available and emergency services need to gain access.

## Filling in the form

Please complete **all** the questions on **both** of the forms and make sure you sign it. Return any form and Additional Cared For sheets together.

## Who is an emergency contact?

On page 7 we ask you to give details of 2 emergency contacts if you can. A contact is a person who can be called in an emergency. They should be someone who may be able to take over some of the caring role for the person you care for. The emergency contact is the person who will be contacted **first**. If you do not have any emergency contacts, you can still register for a Carers Emergency Card.

## Who is a keyholder?

On page 7 we ask you to give us details of 2 keyholders if you can. A keyholder is a person

(other than you or your partner) who has a set of keys to the cared for person's property and lives locally. This could be a neighbour, friend or relative at a different address.

In an emergency, the keyholder will **only** be asked to provide a key if access is required.

They will not be expected to carry out any care unless you have told us they are also an emergency contact. We do require at least 1 local keyholder to process your card or you may want to consider having a key safe fitted.

## What is a keysafe?

A keysafe is a small, secure box usually attached to the outside wall of a property – in this case the home of the person you care for. You can safely leave a spare set of keys in the key safe. A keysafe number is then used to gain access to the keys.

For security reasons, please **do not** write your keysafe number on this registration form. Before returning your form phone: **0117 958 9907** at Carers Support, leaving your name and keysafe number only.

## What if you care for more than one person?

Please complete the Connecting Carers and Carers Emergency Card form for the main person you care for only. Contact CarersLine on: **0117 965 2200** or email [carersline@carersbsg.org.uk](mailto:carersline@carersbsg.org.uk) to request Additional Cared For sheet/s for each further cared for person, or download a copy from the website: [www.carersbsg.org.uk](http://www.carersbsg.org.uk)



## Details of the main 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)

### 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

# Emergency Contact Details

Please refer to page 5 BEFORE completing

## 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.

**Continued overleaf**

# Additional Information for the Rapid Response team

**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.

**It is very important to let the Emergency Call Centre know if any information including keysafe numbers change. You can do this by calling the number on the card.**

## 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 tell us where you heard about the Carers Emergency Card?

GP surgery  
Hospital

South Gloucestershire Council  
Other (please specify)

Carers Support

## RETURNING YOUR FORM

Save electronic versions. Please refer to page 2 for full details of what to do next and how to return the completed form by email or post.

For office use only

