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**Bradford Office: Unit 15 Parkview Court**

**St Paul’s Road, Shipley, BD18 3DZ**

**Tel: (01274) 449660**

**Skipton Office: Ronaldsway House**

**36 Brook St, Skipton, BD23 1PP**

**Tel: (01756) 700888**

**Email: emergencyplanning@carersresource.org**

**www.carersresource.org**

Dear Carer

The Emergency Planning scheme is run by Carers’ Resource in partnership with Safe and Sound, Bradford Metropolitan District Council’s (BMDC) Community Alarm System. It offers carers peace of mind should they be involved in an emergency situation which takes them away from their caring role, by creating an Emergency Plan.

Along with the plan, carers also receive a wallet-sized plastic card and a keyring to ensure they are identified as a carer if they have an accident or are unable to identify themselves in an emergency. The carer’s card contains no personal details other than a unique ID number and a 24-hour contact phone number, which is phoned in order to activate the Emergency Plan.

The application form (pages 3-6) requires some information about the person you care for. However, our focus is also on you, as a carer. We recognise that each caring situation is different and a carer’s role can be that of a good friend, a kind neighbour or a loving relative, but what all carers have in common is that they often put their own needs last. Your wellbeing is as important as the person you care for and if you feel you need any further support please contact us on 01274 449660 or 01756 700888 and choose option 3.

When you have completed and signed the form, please return it to our Bradford or Skipton office at the address above. We will process your Emergency Plan request, using the address stated in the carer personal details section of the form (page 2) and your postal preference (page 5). We will include copies for you and for your responders and an ‘In case of Emergency Card’ and key fob for you to carry with you.

Yours sincerely,

Administration Team

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**Equal Opportunities Monitoring Form**

Completion of this **form** is **optional**

The Carers’ Resource operates an Equal Opportunities Policy. Please complete this form and return it, in a sealed envelope if you prefer.

The information will be held for monitoring purposes, and for reporting to our funders.

**Ethnic Group**

Choose one option that best describes your ethnic group or background:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | **White** |  | **Mixed/Multiple ethnic background** |  | | English/Welsh/Scottish/N Irish/British | 🞎 | White & Black Caribbean | 🞎 | | Irish | 🞎 | White & Black African | 🞎 | | Gypsy or Irish Traveller | 🞎 | White & Asian | 🞎 | | Eastern European | 🞎 | Other Mixed/Multiple Background | 🞎 | | Other White | 🞎 |  |  | |  |  | **Black/African/Caribbean/Black British** |  | | **Asian/Asian British** |  | African | 🞎 | | Indian | 🞎 | Caribbean | 🞎 | | Pakistani | 🞎 | Other Black/African/Caribbean | 🞎 | | Bangladeshi | 🞎 |  |  | | Chinese | 🞎 | **Other ethnic group** |  | | Other Asian | 🞎 | Arab | 🞎 | |  |  | Other ethnic group | 🞎 | |  |  | Not disclosed | 🞎 | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself to have a disability, long term physical or mental health problem or any learning difficulties? | Yes | **🞎** | No | **🞎** |

**Employment status**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Working full time | **🞎** | Working part time | **🞎** | Not working | **🞎** | Retired | **🞎** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Emergency Plan no: EP** | | Office use only: ID $ClientID$ |
| **Z:\Publicity\Logos\Carers' Resource\CR Logo colour - May 2011 - With strap line.JPG** | **Bradford Office**  Unit 15 Parkview Court  St Paul’s Road, Shipley, BD18 3DZ  Tel: Tel: (01274) 449660 | **Skipton Office**  Ronaldsway House  36 Brook St, Skipton, BD23 1PP  Tel: (01756) 700888 | |
|  | Email: [emergencyplanning@carersresource.org](mailto:emergencyplanning@carersresource.org) www.carersresource.org | | |

**Carer’s Emergency Plan**

The information in this document will be confidential to those concerned and the agencies or persons involved in providing support. This plan will be instigated in the event of an emergency/crisis whereby you are unable to provide support to the named person(s) in your care.

**Please store this document securely.**

If you are caring for more than one person with an illness or disability, you will need to complete a separate form for each person.

**Please complete ALL sections of the form using black ink. Please print clearly.**

**CARER - personal details Date form completed:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Date of Birth: |  | Gender: |  |
| Address: |  | | |
| Postcode: |  | | |
| E-mail address: |  | | |
| Home Tel No: |  | Mobile Tel No: |  |
| **Where will you store this Emergency Plan in your home ?** | |  | |

**ABOUT THE PERSON YOU CARE FOR**

|  |  |
| --- | --- |
| Relationship to you: *(eg this person is my parent, aunt, sibling, friend . . . )* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Date of Birth: |  | Gender: |  |
| Address: |  | | |
| Postcode: |  | | |
| E-mail address: |  | | |
| Home Tel No: |  | Mobile Tel No: |  |

|  |
| --- |
| Does the person you care for pay their council tax to Bradford Metropolitan District Council?  **Yes / No**  If no, where? |
| Is the cared for aware of this plan **Yes / No** |

**ABOUT THE PERSON YOU CARE FOR continued**

**Access to their home**

|  |  |
| --- | --- |
| Have you given anyone else a key to the property? Please give details: |  |
| How is the property accessed? |  |
| Which door do you use? |  |
| Other useful information  E.g. keybox / keysafe information: |  |
| Are there any issues upon entering the property? E.g. pets in the property: |  |
| Does the person you care for have a Community Alarm System, eg a Safe and Sound pendant? |  |

**Medication Details**

|  |  |
| --- | --- |
| Main medical conditions: |  |
| Which GP surgery are they registered with? |  |
| Do they take regular medication and where is this kept? (no need to list medication) |  |
| Do they have any allergies? |  |
| Is there anything else that the person entering the property needs to be aware of? |  |
| Details of anyone who has Lasting Power of Attorney: |  |

**Does the person you care for have any other support services in place?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name/ agency** | **What they do** | **When they visit** | **Contact details** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**What does the person you care for need support with?**

|  |  |  |  |
| --- | --- | --- | --- |
| Walking around or mobility issues |  | Washing or dressing |  |
| Using the toilet |  | General day to day support |  |
| Taking medication |  | Preparing food or drinks |  |
| Any other needs |  |  | |

**Please use this space to add any other important information about the person you care for.**

|  |
| --- |
|  |

**RESPONDER information**

**It is your responsibility**, as the carer to make the Responders aware that their details will be on this form and that they will be contacted if an emergency occurs. The information provided may be used in case of an emergency to ensure appropriate support is in place for the cared for person.

If you have no identified Responders you may still apply for a Carers Emergency Plan. If this is the case, please leave this section blank and complete the signed agreement below.

**Responder Details** *(the carer named on page one cannot be a named responder).*

|  |  |
| --- | --- |
| **First Responder (Please inform this responder that their details are included in this form)** | |
| Full Name: |  |
| Home Telephone Number: |  |
| Mobile Telephone Number: |  |
| Work Telephone Number: |  |

|  |  |
| --- | --- |
| **Second Responder (Please inform this responder that their details are included in this form)** | |
| Full Name: |  |
| Home Telephone Number: |  |
| Mobile Telephone Number: |  |
| Work Telephone Number: |  |

**Authorisation and agreement** (please **tick** the box at the bottom of statements 1 - 7)

|  |
| --- |
| 1. **This information (data) will be stored by Safe & Sound and Carers’ Resource.** 2. **In an emergency this information will be used to contact the responders nominated.** 3. **I have informed all responders that their details are included in this form.** 4. **At the time of a crisis, the stored plan will be accessed by Safe & Sound who will contact the named responders.** 5. **If I have no named responder or they are not available at the time of a crisis, Safe & Sound will contact the appropriate services.** 6. **I will inform Carers’ Resource of any change in my circumstances or those of the named responders (including updating address and telephone information).** 7. **I understand that Carers’ Resource cannot guarantee, or accept liability, for the accuracy of information in this plan.**   **Please tick this box to confirm that you have read and agreed the statements above** |

***Please ✔ ONE of the POSTAL OPTIONS below (if no option is ticked, your plan will be posted)***

|  |
| --- |
| **I will collect my plan and fobs from my local Carers’ Resource Office when I am advised they are ready. (Please note: if your plan and fobs are not collected within one month they will be posted to you, using royal mail standard postal service, which is not secured.)**  **Please POST my completed plan and key fobs to me. (I understand they will be sent using royal mail standard postal service, which is not secured).** |

|  |  |
| --- | --- |
| **Signature of the carer:** | **Date:** |

**Please return this completed Emergency Plan and Equal Opportunities Form (optional) to:**

Emergency Planning Service, Carers’ Resource – at either

Unit 15 Park View Court, Shipley, BD18 3DZ. **or** Ronaldsway House, 36 Brook St, Skipton BD23 1PP

* **Your plan will only become active when we receive your signed copy. You will know that your plan is active, when you receive** your carer’s ‘In case of Emergency Card’ and key fob at the address provided on the application form.
* If you wish to make any amendments or update the information held in this plan please contact Carers’ Resource on 01274 449660 or 01756 700888.

If you have any further questions regarding this form please contact us at the above address.

If as a carer you would like further advice, information or support, please contact Carers’ Resource at the above address or contact your local office as above.

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| Carers’ Resource holds your details securely. Our Privacy Notice is available on our website or from one of our offices. [www.carersresource.org/privacy/](http://www.carersresource.org/privacy/) |