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| **Emergency Card Registration**  1:3 |
| Please complete this form so that Borders Carers Centre can send you your emergency cards.If you need help to complete this form, please:* phone us on 01896 752431 or
* visit us at Brewerybrig, Low Buckholmside, Galashiels TD1 1RT (open 9am to 4pm daily)
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| Privacy Notice |
| Please be aware that:* we hold the information (data) you have provided on Borders Carers Centre’s secure database
* we only share this information with council staff who operate the on-call service for emergency cards (information is shared with the NHS, Police and any other relevant services only if a card is activated)
* you are agreeing to our holding and sharing this information when you sign the various declarations contained in this emergency card registration form
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|  |
| CARER |
| Name in full |  |
| Address incl. postcode |  |
| Telephone Landline |  | Telephone Mobile |  |
| GP & Surgery |  |
| May we tell your doctor you are a carer? |  | Date of Birth |  |
|  |
| CARED FOR |
| Name in full |  |
| Address incl. postcode |  |
| Telephone Landline |  | Telephone Mobile |  |
| GP & Surgery |  |
| May we tell your doctor you are cared for? |  | Date of Birth |  |
| (Cared for) Relationship to you |  |

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| CARED FOR continued 2:3 |
| Please tell us about anyone else who lives with the cared for person? |  |
| How long can the cared for be left alone?Days / Hours / Minutes |  |
| Is there anything about the cared for that you feel we should know? For example, can they be left alone, do they take prescribed medication, are they diabetic, epileptic? |  |
|  |
| Please tell us about any daily/ weekly services the cared for receives, eg. home care, day centre, school? |
| MONDAY |  |
| TUESDAY |  |
| WEDNESDAY |  |
| THURSDAY |  |
| FRIDAY |  |
| SATURDAY |  |
| SUNDAY |  |

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| 1. Emergency contact primary 3:3
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| Name in full |  |
| Address incl. postcode |  |
| Telephone Landline |  | Telephone Mobile |  |
| Relationship to CARER |  | Relationship to CARED FOR |  |
|  | YES ✓ | NO 🗶 |
| Is the primary contact a KEYHOLDER? |  |  |
| Is the primary contact over 18 years? |  |  |
| Signature of Primary contact |  | Date |  |
|  |
| 1. Emergency contact secondary
 |
| Name in full |  |
| Address incl. postcode |  |
| Telephone Landline |  | Telephone Mobile |  |
| Relationship to CARER |  | Relationship to CARED FOR |  |
|  | YES ✓ | NO 🗶 |
| Is the secondary contact a KEYHOLDER? |  |  |
| Is the secondary contact over 18 years? |  |  |
| Signature of Secondary contact |  | Date |  |
|  |
| Declaration |
|  | Signature | Date |
| CARER |  |  |
| CARED FOR |  |  |
|  |
| Please return this form to: Borders Carers Centre, Brewerybrig, Low Buckholmside, Galashiels TD1 1RT |
|  |
| Office Use: |