



## Carer's Emergency Card Application Form

Please complete this form in **capital letters** and return it by post to: Linkline Telecare Service, Roseview, 122 Marsala Road, Lewisham, SE13 7AF

Once registered, you will received the emergency card in the post. Please allow at least 28 days for your application to be processed.

<b>CARER Details</b>	
Carer <b>FIRST NAME</b>	Carer <b>SURNAME</b>
ADDRESS	
	POSTCODE
TELEPHONE	MOBILE
EMAIL (if applicable)	

<b>CARED FOR PERSON (or people)Details</b>	
Cared for Person <b>FIRST NAME</b>  <b>Nickname (they answer to):</b>	Cared for Person <b>SURNAME</b>
<b>Detail of support needs, in an emergency:</b>	Receive LINKLINE Service? YES/NO/Don't Know
Date of birth: / / ___ years old	Receive adult social care support? YES/NO/Don't Know
ADDRESS (if different from address above)	Social services record number: _ _ _ _ _
POSTCODE	
KEY SAFE AVAILABLE: YES /NO	Can person open door? YES/NO
KEY SAFE CODE: _ _ _ _ _	
Cared for Person TELEPHONE	Can person hear phone? YES/NO
Cared for Person MOBILE	Can person use phone? YES/NO
Cared for Person EMAIL	Can person speak English YES/NO
Details of specific support needs	Does person Understand instructions in English? YES/NO/simplified English/ Makaton/Braille/Hearing Aid
Does the person need -	Yes No Priority (TOP 3)
Help to move around	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Is there equipment (e.g. hoist) at the property?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Help to prepare food	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Help to eat	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Support due to difficulty swallowing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Prompting to take/support to take timed medication	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Are ALL medication instructions clearly specified? YES/NO
Help using the toilet or bathroom	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Removal of waste (commode)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Help to wash	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Payment for metered electrics/gas	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Where is the Top-Up card held?	(please give location)
'watching supervision' or company for reassurance/reducing anxiety	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>Person 1 to contact in case of emergency -details</b>	
Person 1 <b>FIRST NAME</b>	Person 1 <b>SURNAME</b>
ADDRESS	
	POSTCODE
TELEPHONE	MOBILE
EMAIL	
RELATIONSHIP to Cared for person	Would the cared for person Know who they are? YES/ NO
Neighbour <input type="checkbox"/> Relative <input type="checkbox"/> Family friend <input type="checkbox"/>	
Other <input type="checkbox"/>	
Is Person 1 familiar with the details above e.g. like key safe code and person's support needs?	
YES/NO	
Has Person 1 given consent to be contacted in an emergency?	
YES/NO	

<b>Person 2 to contact in case of emergency -details</b>	
Person 2 <b>FIRST NAME</b>	Person 2 <b>SURNAME</b>
ADDRESS	
	POSTCODE
TELEPHONE	MOBILE
EMAIL	
RELATIONSHIP to Cared for person	Would the cared for person Know who they are? YES/ NO
Neighbour <input type="checkbox"/> Relative <input type="checkbox"/> Family friend <input type="checkbox"/>	
Other <input type="checkbox"/>	
Is Person 2 familiar with the details above e.g. like key safe code and person's support needs?	
YES/NO	
Has Person 2 given consent to be contacted in an emergency?	
YES/NO	

<b>PROFESSIONAL INVOLVED e.g. social worker, key worker</b>	
<b>FIRST NAME</b>	<b>SURNAME</b>
TITLE/ROLE	ORGANISATION
ADDRESS	
	POSTCODE
TELEPHONE	MOBILE
EMAIL	
Is PROFESSIONAL familiar with the details above e.g. like key safe code and person's support needs?	
YES/NO	
Has the PROFESSIONAL given consent to be contacted in an emergency?	
YES/NO	

**NO NOMINEE** – please tick this box if you cannot find anyone to be a nominee (social services 020 8314 6000 will be contacted in an emergency). You may want to talk over any concerns you may have about having limited or no social support, with the **Carer IAS Service** 020 3886 0970 or email [info@helpingcarersinlewisham.org.uk](mailto:info@helpingcarersinlewisham.org.uk)