

Name:.....

Main ID:.....



**Brighton & Hove
City Council**

Emergency Back-Up Scheme for Carers

IN CASE OF EMERGENCY

If, at short notice, I am unable to provide care

For office use only
Date recorded

CareFirst ID number (carer)
CareFirst ID number (cared for)

Name of Carer:Tel:

Address:

.....Postcode:

Name of Cared for person:Tel:

Address:

.....Postcode:

Relationship to cared for person:

Cared for person's GP

Name of GP:Tel:

Service/team that provides support for the cared for person (if applicable) *e.g. learning disability, older people, mental health, disabled children's services etc*

.....

Name:.....

Main ID:.....

Details of the cared for person's disability, illness or condition

Details of current medication?

And of any help needed to take medication? *E.g. difficulty with swallowing, reading labels, or opening bottles, requires prompting*

Communication *e.g. language, interpretation, signing, hearing, speech, comprehension*

What other support do you give?

Name:.....

Main ID:.....

Details of any other dependent children in the household:

Name:Age:
.....

Name:Age:
.....

Name:Age:
.....

Who could help out in an emergency e.g. that day/overnight or what service would best meet the needs of the person you care for?

Option 1

Name: Tel. (Day):

Address: Evening:

..... Mobile:

.....Weekend:

Relationship (if any) to cared for person:

Key holder? Yes No

Any other relevant information:

.....

.....

Name:.....

Main ID:.....

Option 2

Name: Tel. (Day):

Address: Evening:

..... Mobile:

.....Weekend:

Relationship (if any) to cared for person:

Key holder? Yes No

Any other relevant information:

.....

.....

Option 3

Name: Tel. (Day):

Address: Evening:

..... Mobile:

.....Weekend:

Relationship (if any) to cared for person:

Key holder? Yes No

Any other relevant information:

.....

.....

Name:.....

Main ID:.....

How would help get into the home of the person you look after?

They can answer the door? Yes No

Key kept? And by who?

Name: Tel No:

Key safe? Yes No Who has the access code?

Name: Tel No:

Is there anyone we should contact on your behalf in the event of an emergency?

Name: Tel No:

Relationship to you:

Name: Tel No:

Relationship to you:

Name:.....

Main ID:.....

CONSENT TO SHARE INFORMATION

This emergency care plan will be held by the city council.

In order to decide the best possible way of giving you support and assistance in an emergency we may need to contact another agency e.g. the cared for person's GP or care provider.

The keyholders and contacts listed above are aware of, and have agreed to, the actions I want them to take in an emergency.

Yes No

Does the cared for person consent to this information being shared for the purpose of assessing and meeting their needs?

Yes No unable to give consent

I agree that my information can be shared, on a need to know basis and in strict compliance with the law, with other people or organisations involved in my care/caring role.

Signature: Date:

.....

Please say if you would like a fuller carers assessment to talk about wider issues like how caring affects your health, if you need a break, benefits advice or help with juggling work and caring

Yes No

For office use only: service contact details

Service:Tel: Fax:

.....

Email:

Name:.....

Main ID:.....

Diary of regular services provided to the person you care for				
	Morning	Afternoon	Evening	Night
<i>e.g.</i>	<i>9am Carewatch, 30 mins Community meal delivered School transport 8am</i>	<i>2-5pm Crossroads Return from school 4pm</i>	<i>6pm Carewatch, 30 mins</i>	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				