

Connecting Carers Application Form

Carers details:

Please complete in **BLACK** pen.

| | |
|---|---|
| Title: (Mr/Mrs/Miss/Ms) | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> |
| Full name: | |
| Date of birth: | |
| Full address and postcode: | |
| Contact details: | Home phone: |
| | Mobile phone: |
| | Work phone: |
| | Email: |
| I am happy for my GP to be informed that I am a carer: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Your GP's surgery name: | |

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 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 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 Individuals will not be identified and personal details will not be published.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

Details of the person you care for

| | |
|-----------------------------------|---|
| Title: (Mr/Mrs/Miss/Ms) | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> |
| Full name: | |
| Date of birth: | |
| Full address and postcode: | |
| Telephone number: | Home: |
| | Mobile: |
| | Other daytime contact: (work, college, school, day centre) |
| | Email: |
| GP's surgery name: | |

The 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 | <input type="checkbox"/> | Moving around | <input type="checkbox"/> |
| Memory difficulties | <input type="checkbox"/> | Washing or dressing | <input type="checkbox"/> |
| Aggressive/Challenging behaviour | <input type="checkbox"/> | Toileting | <input type="checkbox"/> |
| Eating/Drinking | <input type="checkbox"/> | Allergies | <input type="checkbox"/> |
| Food preparation | <input type="checkbox"/> | | |

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?

Emergency Contact Details

Please refer to page 5 BEFORE completing

Emergency contact

Full Name:

Address:

.....

Post code:

Telephone no:

Mobile no:

Work no:

Relationship to the cared for person:

(e.g. wife, son, friend, neighbour)

.....
Also a keyholder? Yes No

Emergency contact

Full Name:

Address:

.....

Post code:

Telephone 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 your Emergency Contacts are Keyholders, please provide the details of at least one local keyholder below

Keyholder 1

Full name:

Address:

.....

Post code:

Telephone no:

Mobile no:

Work no:

Keyholder 2

Full name:

Address:

.....

Post code:

Telephone no:

Mobile no:

Work no:

Keysafe

Yes No Location at property

Please **do not** write the keysafe number on this form. Before posting your form back phone **0117 958 9907** at Carers Support Centre, 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.

Is there a Message in a Bottle at the property? Yes No

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.

Carer's full name (please use capital letters):

Signature: Date:

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

GP surgery South Gloucestershire Council Carers Support Centre
Hospital Other (please specify)

For office use only