



Carer's emergency card application form

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

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

CARER Details	
Carer FIRST NAME	Carer LAST NAME
ADDRESS	
	POSTCODE
TELEPHONE	MOBILE
EMAIL (if applicable)	
Do you take out your Cared For person in your motor vehicle? YES/NO If yes, please give Make, Model, Colour & Registration Plate:	
CARED FOR PERSON (or people) - Details	
Cared for Person SURNAME	Cared for Person FIRST NAME
Detail of support needs, in an emergency	
	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	
KEYSAFE AVAILABLE: YES or NO	Can person open door? YES/NO
KEYSAFE 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?	
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"/> If yes, provide a list of times for the prompts: Where is the medication kept:
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?	
Require 'watching supervision' or company for reassurance/reducing anxiety	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

In case of emergency (ICE)1 Details	
ICE1 SURNAME	ICE1 FIRST NAME
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 ICE1 familiar with the details above e.g. like keysafe code and person's support needs?	
	YES/NO
ICE1 has given consent to be contacted in an emergency?	
	YES/NO
In case of emergency (ICE) 2 Details	
ICE2 SURNAME	ICE2 FIRST NAME
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 ICE 2 familiar with the details above e.g. like keysafe code and person's support needs?	
	YES/NO
ICE 2 has given consent to be contacted in an emergency?	
	YES/NO
PROFESSIONAL INVOLVED Details	
SURNAME	FIRST NAME
TITLE/ROLE	ORGANISATION
ADDRESS	
	POSTCODE
TELEPHONE	MOBILE
EMAIL	
Is PROFESSIONAL familiar with the details above e.g. like keysafe code and person's support needs? YES/NO	
PROFESSIONAL has given consent to be contacted in an emergency?	
	YES/NO

If this application is for your pet please use this space to give details of what support is required:

CARED FOR PET - Details	
Cared for Pet's NAME:	Species of Pet:
Detail of support needs, in an emergency	
Age of Pet: ___ years old	Is the pet microchipped? YES/NO/Don't Know
	Is the pet neutered? YES/NO/Don't Know
Details of any behavioural issues:	What do you need to be

ADDRESS (if different from address above)	Is the pet vaccinated? YES/NO/Don't Know Last Vaccination Date: ___ / ___ / _____
Vet details for the pet: Name of surgery:	
Address of surgery:	
Telephone Number of surgery:	

In case of emergency (ICE)1 Details	
ICE1 SURNAME	ICE1 FIRST NAME
ADDRESS	
	POSTCODE
TELEPHONE	MOBILE
EMAIL	
RELATIONSHIP to Cared for pet	Would the Cared for pet know who they are? YES/ NO
Neighbour <input type="checkbox"/> Relative <input type="checkbox"/> Family friend <input type="checkbox"/>	
Other <input type="checkbox"/>	
Is ICE1 familiar with the details above e.g. like keysafe code and pet's support needs? YES/NO	
ICE1 has given consent to be contacted in an emergency? YES/NO	
In case of emergency (ICE) 2 Details	
ICE2 SURNAME	ICE2 FIRST NAME
ADDRESS	
	POSTCODE
TELEPHONE	MOBILE
EMAIL	
RELATIONSHIP to Cared for pet	Would the Cared for pet know who they are? YES/ NO
Neighbour <input type="checkbox"/> Relative <input type="checkbox"/> Family friend <input type="checkbox"/>	
Other <input type="checkbox"/>	
Is ICE 2 familiar with the details above e.g. like keysafe code and pet's support needs? YES/NO	
ICE 2 has 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). You may want to talk over any concerns you may have about having limited or no social support, with the Maximising Wellbeing of Unpaid Carers service 0300 373 5769 or email ucwellbeing@imago.community