



STOCKPORT
METROPOLITAN BOROUGH COUNCIL



**Adults & Communities Directorate
Social Care & Health
Form No: A&C 0094**

**Contingency Planning/Emergency
Carers Card Registration**

Client ID:			
Name of Carer:			
Address of Carer:			
Carers Relationship to the cared for person:			
Telephone Number	Mobile Telephone Number	Identification Number (for use by CareCall only)	
Name of the person being cared for:			
Address of the person being cared for:			
Telephone number	Mobile Telephone Number	Identification Number (for use by CareCall only)	
Condition of the person being cared for:			
Any communication Issues:			
Informal Contacts (Please ensure that they know they are on this list and know what to do)			
Contact One	Contact Two	Contact Three	

Existing Providers		
Can an existing provider extend the service they already provide? Yes If yes, please give contact details:		
Provider One	Provider Two	Provider Three
Do they have an agreed emergency Action plan on file? Yes If <i>No</i> , and/or a new carer will be required, please outline what they would need to do:		
Also please state access or key arrangement :		
Please identify any Risk Factors : (dogs, environmental hazards, medication issues etc)		

Do you agree that the above information can be shared with appropriate professionals to implement your plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please sign below:		
Name of Carer	Carer Signature	Date
Name of worker	Worker Signature	Date
It is important that these details are kept up to date		
Please notify CareCall of any changes on 0161 218 1665		