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## Devon Carers Alert Card Form New Carer (V1.0)

The information you supply on this form will be treated as confidential and will only be available to staff within Devon Carers and at the Alert Card call centre.

If you are incapacitated and someone calls the Alert Card call centre on your behalf only the information on this form will be available to the person answering the call. They will only share this information with your designated contacts or with the emergency services; they will not share your information with any caller<sup>1</sup>.

For the scheme to work, everyone needs to be aware of the process. Once your completed form is returned and the service is set up, we will write to each person separately:

- to you, with your card and terms and conditions
- to the person you care for (if they do not live with you) to advise we will be holding their details on our system
- to your designated contacts, to let them know their details are held, and why.

Please complete **all** parts of the form and **sign it on page 4**. If any of the sections are not filled in the form may be returned to you for completion and the issuing of your Alert Card delayed.

### Your consent and information sharing

I confirm that I am a Carer aged 18+. I help a family member or friend who could not manage without my support

I am caring for someone who is aged 18+ who lives in Devon

I give my consent to being registered with Devon Carers and understand that this means that my personal information contained in this application form will be held on the Devon Carers database. I also understand that Devon Carers may contact me to verify the information I have provided in this form

I am happy to receive the Devon Carers magazine *You Care, We Care* (tick **one option**):

- I am happy to access this online
- I would like to receive a reminder by email
- I need to receive this through the post because I do not have internet access or because of my caring situation
- I need an alternative version (ie large font, spoken word)  please specify:

I understand that for assurance purposes we may need to check whether you have a social care record with Devon County Council and add if not already present. I give my consent for this

<sup>1</sup> If you need to change any of your information you will need to contact Devon Carers, not the Alert Card call centre, as staff at the centre will not be able to independently confirm your identity.

**PART 1: Please tell us about YOU the carer**

Surname

Title (Mr/  
Mrs/etc)

First name(s)

Address

Date of Birth

Preferred telephone <sup>2</sup>

Post Code

Other telephone<sup>2</sup>

Email

Which GP Practice are you registered with?

My preferred method of contact is: By telephone  By email  Other (please state):

If we need to contact you by telephone, can we leave a telephone message for you?

Yes  No

**PART 2: Please tell us about the PERSON YOU CARE FOR**

Please provide the name and address of the person you care for (or advise if the cared-for lives at the same address as you) as well as any relevant Key Safe details.

Name of Cared For

Address of Cared For

Key safe location

Key safe code

Post Code

DoB (if under 18)

Main Condition

<sup>2</sup> Please only provide telephone numbers that we can use to contact you.

**PART 3: Please tell us about the PEOPLE TO CONTACT in the event that you are incapacitated**

Please provide the details of up to three designated contacts (please indicate whether they are a key holder and their relationship to you).

The address of each designated contact will be used to send a Privacy Notice and will NOT be recorded on our system.

Only provide two telephone numbers per contact – if you provide more we will use the **first two** numbers given.

**Contact 1  
Name**

Address

Telephone  
numbers

i)  
ii)

Contact 1 is a key holder

and is ...

- the person I care for
- my spouse/partner
- my parent
- my son/daughter
- another relative
- a friend
- a professional

**Contact 2  
Name**

Address

Telephone  
numbers

i)  
ii)

Contact 2 is a key holder

and is ...

- the person I care for
- my spouse/partner
- my parent
- my son/daughter
- another relative
- a friend
- a professional

**Contact 3  
Name**

Address

Telephone  
numbers

i)  
ii)

Contact 3 is a key holder

and is ...

- the person I care for
- my spouse/partner
- my parent
- my son/daughter
- another relative
- a friend
- a professional

#### **PART 4: Please tell us about the PLANS you have in case you are incapacitated**

If someone calls the Alert Card call centre on your behalf the person answering the call will ring your designated contacts in the order you have listed. If they are unable to reach any of your designated contacts, or your contingency plan is not available as described below, they will contact the emergency services.

Please **select only one** of the following options:-

- 2.1 I do not maintain a written contingency plan; my designated contacts will know what to do if I am incapacitated.
- 2.2 I maintain an up-to-date written contingency plan at my home or the home of the person I care for
- Or**  
I have a contingency plan stored in a "Message in a Bottle" container<sup>3</sup>. My designated contacts know where the contingency plan is kept and will access/use this plan.
- 2.3 I have a contingency plan maintained as part of the person I care for's 'CCT Yellow Folder'; my designated contacts will access/use this plan.

#### **PART 5: How we will use the information you have provided**

Thank you for your co-operation and assistance in providing this information.

Devon Carers will hold the information you have provided. It will be held in accordance with the provisions of the General Data Protection Regulation. It will be shared/used only by those authorised for the purposes described.

**Please complete and sign the declaration below before returning your form to the address given on page 1. If you are a Young Carer (under the age of 18) your parent/guardian must also complete and sign the declaration.**

I understand that Devon Carers will use the information I have given to provide the Alert Card service as described. As part of the service I understand that the information will be shared with the Alert Card call centre.

I understand that it is my responsibility to inform Devon Carers of any changes to the details I have provided, and to ensure any plans are up to date.

I confirm that the contacts I have designated are aware of and have consented to their information being held and used in the way described.

Signature		Date	
Parent/guardian's signature (Young Carers only)		Date	

<sup>3</sup> For information about contingency plans and the Message in a Bottle scheme please see Page 6.

**For office use only**

Entered on Alert Card database by \_\_\_\_\_ (\_\_\_/\_\_\_/\_\_\_)

Checked on Alert Card database by \_\_\_\_\_ (\_\_\_/\_\_\_/\_\_\_)

**Section 7: Equality and diversity monitoring**

**You do not have to provide this information, or you may choose to provide only some.** Any information you do provide will help us to plan services for all Carers. None of the information you provide below will be used as part of a decision whether you are able to access support.

**Gender**

Which gender do you identify with? (please select one option only)

Female  Male  Other or non-binary

Do you identify as Transgender or formerly Transgender (your gender is different to that described at birth)? Yes  No

**Disability**

Do you consider yourself to be disabled? (please select one option only)

No

Yes, day to day activities limited a lot  Yes, day to day activities limited a little

**Ethnicity**

How would you describe your ethnic origin?

White  Asian or Asian British  Black / African / Caribbean / Black British

Mixed / multiple ethnic background  Other Ethnic Group

**Sexual orientation**

How would you describe your sexual orientation? (please select one option only)

Bisexual (attracted to either men or women)

Heterosexual or 'straight' (attracted to people of the opposite sex)

Lesbian or Gay Woman  Gay Man  Other/self-describe

**Religion and belief**

What is your religion or belief? (please select one option only)

No religion or belief  Christian  Buddhist  Hindu  Jewish  Muslim

Sikh  Other

**Employment**

What is your employment status? (please select one option only)

Part Time  Full Time  Retired  Education  Unable to work - Caring

Unable to work – Own health  Unemployed (looking for work)  Other

## **Additional Information**

### Contingency plans

If you are a carer someone depends on you. For that reason Devon Carers encourages all carers to have some sort of contingency plan in place in case they are in any way incapacitated.

For some carers a contingency plan can be as simple as having someone nominated who will act as a carer in your place. For others a little more planning might be required to ensure that the needs of the person you care for are understood and met. For some, particularly those who are caring for people with severe or complex needs and may be in touch with a number of other service providers, a contingency plan may include pre-arranged support from statutory or private agencies.

We enclose a simple contingency plan form which you might like to use. Please let your contacts know where you are going to keep it.

### Message in a Bottle

The Message in a Bottle scheme is a simple idea designed to encourage people to keep vital life saving information in a common place, the fridge, where it can easily be found in the event of an emergency.

Two labels, one on the inside of the front door and the other on the fridge, alert the emergency services that this information is available.

Bottles, which are free of charge, can usually be obtained from your local GP surgery, Pharmacy or Lions. You may also find that you can obtain one through your nearest Neighbourhood Watch group, Age UK/Age Concern Exmouth, Council Offices, Housing Associations and many other places including Police stations.

If you are unable to find a bottle, please contact:

- Devon Carers or
- The Lions Club Message in a Bottle (MiaB)  
Coordinator for Devon  
(David Lyon, telephone 01392 439926)

