

Basic information

Carers registration number (if you have it):

Your NHS number (if you have it):

Carer details - information about you

Title: Surname:

Forename: Date of birth:

Address:
Postcode:

Tel. no.: Email:

Your GP's name:

Your GP surgery name:

Your GP's address:

Your preferred method of contact:

Your relationship to the person you care for:

Details of the person you care for

Title: Surname:

Forename: Date of birth:

Address:
(The person you care for must live in Dorset)

Their GP's name:

Their GP surgery name:

Their GP's address:

Which of these applies to the person you care for? Please tick as many as you like:

Learning disability Older person Physical disability

Dementia Drug/alcohol addiction Mental health

Other (please specify):

Emergency plans

You can nominate up to three people to be contacted in case of an emergency. Please ensure that anyone you are nominating has agreed to this before you proceed.

Please confirm that you have advised your emergency contacts that they will be contacted in an emergency:

Yes, I have advised my emergency contacts

If you are unable to get home, what needs to be done to ensure that the person you care for is safe at home?

Please provide us with details regarding any

- dietary requirements/ allergies
- mobility requirements
- toileting/ continence/ washing/ dressing needs
- risks or other assistance required

Other information

Please ensure that all medication in the house is labelled, tell us here where it is stored and where any instructions are kept:

Information on accessing the property (e.g. key safe details):

Contacts

First or main contact

Title: Surname:

Forename: Date of birth:

Address:

Postcode:

Tel. no.: Mobile no.:

Relationship to you (carer):

Detail of plan – for example, how this person will help if you are unable to get home

Second contact (if applicable)

Title: Surname:

Forename: Date of birth:

Address:

Postcode:

Tel. no.: Mobile no.:

Relationship to you (carer):

Detail of plan – for example, how this person will help if you are unable to get home

Third contact (if applicable)

Title: Surname:

Forename: Date of birth:

Address:

Postcode:

Tel. no.: Mobile no.:

Relationship to you (carer):

Detail of plan – for example, how this person will help if you are unable to get home

Please return your completed form to:

Adult Access Team
Dorset Direct
County Hall
Dorchester
Dorset
DT1 1XJ

Tel: 01305 221016
Fax: 01305 264607
Email: adultaccess@dorsetcc.gov.uk