

**Angus Council**  
**Emergency Carers Card Scheme - Application Form**  
(Please complete in black ink using block capitals)



**Card Holders Name**

Title ..... Forename(s)..... Surname.....

DOB..... Address.....

..... Post Code .....

Tel No (inc STD)..... Mobile No (if any).....

**Name of Person being cared for**

Title ..... Forename(s)..... Surname.....

DOB..... Also Known As ..... Address.....

..... Post Code ..... Tel No (inc STD).....

Mobile No (if any)..... Relationship to card holder.....

**Medical or Other Condition of Person being cared for (please give details including as to why care is required)**

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.....

.....

General Practitioner ..... Tel No (inc STD) .....

Surgery..... Post Code.....

**Needs of Person being cared for (please specify assistance that may be required)**

Morning Needs .....

.....

Lunch time needs .....

.....

Tea time needs .....

.....

Evening/Overnight Needs .....

.....

**Details of person living in the same household as the cared for person**

Name of other occupants	Relationship
.....	.....
.....	.....
.....	.....

**Emergency Contacts** (Please delete as necessary where indicated by asterix)\*

**Is there anyone locally who could offer assistance in an emergency?**      Yes/No\*

**If YES please give details below:**

1. Title..... Forename(s) ..... Surname.....

Address .....

Post Code .....Tel No (inc STD) ..... Mobile No (if any).....

Keyholder Yes/No\* Relationship to person being cared for .....

2. Title..... Forename(s) ..... Surname.....

Address .....

Post Code .....Tel No (inc STD) ..... Mobile No (if any).....

Keyholder Yes/No\* Relationship to person being cared for.....

**If NO please give the details of any keyholders.**

1 Title..... Forename(s) ..... Surname.....

Address .....

Post Code .....Tel No (inc STD) ..... Mobile No (if any).....

Keyholder Yes/No\* Relationship to person being cared for.....

Completed forms should be returned with accompanying declaration form (see attached) to:-

**Angus Council**  
**Community Alarm Control Room**  
**Fairlie House**  
**Kirkton Hill**  
**Kirriemuir**  
**DD8 4HU**

The information you have provided on this form will be used by Angus Council (the 'data controller' for the purposes of the Data Protection Act 1998) in order to provide you with the services you need. The information will be held securely by the Council and will be treated as confidential except where the law requires it to be disclosed. The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to check its accuracy, prevent or detect crime, protect public funds or where required by law.

In order to improve service delivery, we routinely exchange information with NHS Tayside and Neighbourhood Services and these organisations will use your information for the same purposes as the Council.

You have the right to request access to personal information that the Council holds about you and to have any inaccuracies corrected. If you wish to do this please contact the Head of Law and Administration on (01307) 46140 or e-mail LAWADMIN@angus.gov.uk

Declaration

I confirm that the information that I have provided is correct to the best of my knowledge and authorise Angus Council to use my information for the above purpose.

**Declaration by the Carer:**

I authorise the use of my personal information for the purposes stated above and undertake to notify the Community Alarm Service (01575 574192) of any changes to the information provided.

Signed: .....

Date: .....

**Declaration by the Cared for Person:**

I authorise the use of my personal information for the purposes stated above.

Signed: .....

Date: .....