

## What If? Plan registration form

This plan is to help you think about, be prepared and have peace of mind in the case of an unplanned event or emergency wherein you are unable to look after the person you care for.

An emergency counts as any unplanned event, such as:

- Sudden illness
- Unplanned admission to hospital
- Family emergency (e.g. close relative taken ill)
- Risk to employment
- Had an accident or car has broken down
- Unable to care due to impact of caring on physical/mental wellbeing.

### Registering your What If? Plan

- In order to register the plan, the person you look after must live in Cambridgeshire or Peterborough and be aged over 18.
- If you care for more than one person you should complete a separate What If? Plan for each person that you care for.
- Please feel free to contact Caring Together on **01480 499090 for further assistance** in filling out this form. Or if you would like to receive a **copy of this form by email**.
- Please complete **all fields** marked with an asterisk \*, ensuring your answers are clearly written.

### What to do in an emergency

1. In the case of an emergency, call our emergency number **0300 666 0213**.
2. We will first call your nominated contacts; usually this would be better for the person you care for than bringing in someone who is unfamiliar.
3. If they are unable to help, or there is nobody you feel you can ask, our emergency call-out team can step in to help. This is a free service funded by Cambridgeshire County Council and Peterborough City Council available 24 hours a day, 7 days a week, 365 days a year.

### What happens after the initial period of support?

After the initial period, if help is still needed and friends and family are not available, Caring Together can provide professional care or you are entitled to choose another provider (e.g. a homecare agency) to provide this service, if you wish. You would have to pay for this support.

We may need to refer you to Cambridgeshire County Council or Peterborough City Council's adult social care service to ensure that care is provided for the person you look after whilst you are unavailable. If the person you look after is eligible for adult social care support, Cambridgeshire County Council or Peterborough City Council will carry out a financial assessment, after which they will be able to tell you how much the council can contribute to the cost of your care and how much your contribution will be.

## Information we need about you, the carer

Title	
First name*	
Last name*	
Address 1*	
Address 2	
Town	
County	
Postcode*	
Email address	
Telephone: home	
Telephone: mobile	
Date of birth*	D D M M Y Y Y Y
Ethnicity	
GP surgery name*	
I am happy for you to let my GP know that I am a carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Information we need about the person you care for

**It is important before you complete this form that you have obtained permission from the person you care for, that they consent for their information to be shared with us. This also includes consent from any nominated contacts and keyholders you provide us.**

Title	
First name*	
Last name*	
Address 1*(if different to yours)	
Address 2	
Town	
County	
Postcode*	
Contact number to be used in case of an emergency*	
Telephone: home	
Telephone: mobile	
Date of birth*	D D M M Y Y Y Y
GP surgery name* (if known)	
Main language spoken/understood	
Relationship to you: the person I care for is my...	
Does this person receive support from a health or adult social care team? <i>If 'yes', please provide their contact details.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Contact details:

### Details of the person you care for

Please use this section to tell us about:

- Specialist equipment that they use e.g. walking frame, hoist, turn safe, alarms, assistive technology, falls mats, etc.
- Help that they require that requires specialist training e.g. peg feed, if they are on prescribed insulin or oxygen.
- Any memory problems or challenging behaviours that we need to be aware of.

--

## Young people

Are there any young people who help to care for this person who may benefit from our support?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do any children under the age of 13 live with the person you care for?	Yes <input type="checkbox"/> No <input type="checkbox"/>
There must be a responsible person who will care for any children in the home under the age of 13 in an emergency situation. Please state which of your nominated contacts will be responsible, or if someone else will be responsible for the children please give their name and phone number here.	Yes <input type="checkbox"/> No <input type="checkbox"/> Name & tel no:

## Emergency contact details

What if something happens to you which means you are unable to look after this person?  
Who could help? Who would you want to be contacted on your behalf?

	Nominated contact 1	Nominated contact 2	Care agency involved
First name*			
Last name*			
Contact number to be used in case of an emergency*			
Telephone: home			
Telephone: mobile			
Telephone: work			

## Information about your keyholder

If none of your nominated contacts are available, who else lives locally and holds a key to the home of the person you look after? The keyholder is not expected to provide any practical support; they would be called upon to manage access to the property if needed.

	Additional keyholder 1	Additional keyholder 2
First name*		
Last name*		
Contact number to be used in case of an emergency*		
Telephone: home		
Telephone: work		
Telephone: mobile		

## What happens next?

- Please sign and return this form to:  
**Caring Together, L D H House, Parsons Green, St Ives, Cambridgeshire, PE27 4AA** or via email to: [changes@caringtogether.org](mailto:changes@caringtogether.org)
- Before returning the form, if you have key safe numbers/alarm codes/details of any other security arrangements that you would like to make us aware of, please phone Caring Together on 01480 499090, who will record the information separately. Please **do not** record these details anywhere on this form.
- On receipt of your What If? Plan, we will register you and send you a carer card, emergency key fob and contact details to use in an emergency.
- You **must** let us know if any information given to us changes. You can do this by either: emailing changes to [changes@caringtogether.org](mailto:changes@caringtogether.org) or calling us on **01480 499090**

## Confirmation of registration

1. Please register my What If? Plan for the emergency service and send me an emergency card. I am happy for you to record and use the information to provide me with this service, including updates and communications on this service. **I agree**
2. I confirm that I have discussed the What If? Plan with my nominated emergency contacts and additional keyholders and that they **consent** that Caring Together will hold their details for this purpose. **I agree**
3. I confirm that the person I look after is aware that I have made this plan, agrees to register with the service and gives **consent** that Caring Together will hold their details for this purpose and that in the case of an emergency these details might need to be shared with relevant professionals for the purpose of arranging support. **I agree**
4. I will notify you of changes to the plan as they arise. **I agree**

## Mailing List

Please indicate below if you would like to subscribe to the following:

Carers magazine	Yes - by email <input type="checkbox"/>	Yes - by post <input type="checkbox"/>
	No <input type="checkbox"/>	
Update bulletin (email ONLY) Please remember to include your email address on this form	Yes - by email <input type="checkbox"/>	No <input type="checkbox"/>

## Further support available

Would you like us to contact you to offer information, advice and guidance? **Yes**  **No**

Where did you hear about Caring Together?	
---	--

By signing (or emailing), you are confirming that the data is correct and complete and agreeing to Caring Together holding and processing the data in accordance with the above consent statements.

Signed*:		Date*:	
----------	--	--------	--

## Privacy notice

For more details on how we look after your data, see our privacy notice on our website [www.caringtogether.org](http://www.caringtogether.org) or please contact us on 01480 499090 to request a hard copy.