



Carers Emergency Response Service

Registration Request Form (v3.0)



<i>For official use:</i>	Date Received		CERS No:	
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This form is designed to start the process of joining CERS. Once completed, please return it to the address at the bottom of this form. On receipt it will be held securely and used only for the purpose of registering for CERS and issuing the Carers Emergency Card. In addition, the CERS team will contact you in order to complete a full plan on your behalf.

Main Carer Details				Cared For Details			
Title:		Status		Title:		Status	
Surname				Surname			
Forenames				Forenames			
DOB		Age		DOB		Age	
Ethnicity				Ethnicity			
Address				Address			
Post Code				Post Code			
Tel No				Tel No			
Mobile No				Mobile No			
Relationship to person with care needs							
Primary Medical Condition / Disability of the person with care needs?							
<i>So that we can monitor our referral process, where did you first learn about CERS?</i>							

Crossroads Care Cheshire East, Manchester and Tameside periodically mails out information about other services provided relating to the caring role. **I do / do not wish to receive additional information**

By signing this form I understand that **I give my consent** to this information being held by Crossroads Care Cheshire East, Manchester and Tameside.

Please return this form to:
Crossroads Care Cheshire East, Manchester and Tameside, Overton House, West Street, Congleton CW12 1JY

If you require further information please telephone: **01260 292850**

Signature Date