
		<b>Carers Emergency Response Scheme</b>  <b>Registration Request Form (v3.0)</b>				
<i>For official use:</i>		Date Received		CERS No:		
<p><i>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.</i></p>						
<b>Main Carer Details</b>				<b>Cared For Details</b>		
<b>Title:</b>		<b>Status</b>		<b>Title:</b>		<b>Status</b>
<b>Surname</b>				<b>Surname</b>		
<b>Forenames</b>				<b>Forenames</b>		
<b>DOB</b>		Age		<b>DOB</b>		Age
<b>Ethnicity</b>				<b>Ethnicity</b>		
<b>Address</b>				<b>Address</b>		
<b>Post Code</b>				<b>Post Code</b>		
<b>Tel No</b>				<b>Tel No</b>		
<b>Mobile No</b>				<b>Mobile No</b>		
<b>Relationship to person with care needs</b>						
<b>Primary Medical Condition / Disability of the person with care needs?</b>						
<b><i>So that we can monitor our referral process, where did you first learn about CERS?</i></b>						

Crossroads Care Cheshire East 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.

Please return this form to:

**Crossroads Care Cheshire East, Overton House, West Street, Congleton CW12 1JY**

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

Signature ..... Date .....