








# Guidance Notes on completing the Keep Safe Form

If you are unable to complete the form yourself please ask someone to help you

	Please write as neatly as you can
	Please keep your answers short so that we can put them on your card

	<b>My Name is</b> Please tell us your full name, including any middle names if you have them
	<b>I like to be called</b> Please let us know you have a name you like to be called. This might be a shorter version of your name or a nickname.
	<b>My Keyword</b> Please tell us a word you can remember if we need to contact you. If you use any capital letters you will need to use them each time you type it in to a computer.
	<b>My Date of Birth</b> Please tell us the date you were born
	<b>My Home Address</b> Write down the address where you live: <ul style="list-style-type: none"><li>• House Number and Road name</li><li>• The Town that you live in</li><li>• The Post Code of the house that you live in</li></ul>



### **My main phone number is**

Write down your telephone number which is the best one to call you on



### **My other phone number is**

Write down another telephone number if you have one



### **My email address is**

Write down your email address if you have one



### **Best way to contact me**

Let us know the best way to contact you if you've told us about all your telephone numbers and email address.



### **Care Provider**

If you receive care or visit a day centre please write down the name of the company giving you the care



### **Type of Care**

Write down what care you receive, such as

- Sheltered Accommodation
- Residential Accommodation
- Homecare visit
- Day Care Centre
- Or any other type of care you receive



### **Registered with the Herbert Protocol**

Please let us know if you are registered with the Herbert Protocol which is a form that helps the Police to find you if you go missing. This is mainly for people with dementia.



### **Assistance dog**

Please let us know if you have an assistance dog that accompanies you when you are out and about.



### **Disabled Parking Badge**



### **Do you care for anyone else?**

If you are a carer for someone else, it would be helpful for emergency services to know this is you were taken ill. They can then make sure the person you care for is also looked after if you are unable to.



### **My Key Partner**

You need to pick an organisation from the list to be your key partner. This means they will look after your information on this form and will send you your Keep Safe card.



### **I communicate by**

Write down how you communicate with people.

It maybe that you cannot see or hear very well, or that you may not find it easy to understand what other people are saying.

Tell us what you use to communicate if talking maybe difficult for you.



### **How you can best support me**

Write down the things that are important to you and may be important when you are worried or scared.

This might be things that you do or don't like. You might not like the sound of a barking dog or people in a uniform. Or you might really like to walk around when you are worried.



## Important things about my health

Write down any health needs you have, like diabetes or epilepsy or maybe you are allergic to nuts or something else. You might be taking some medication that it would be important for people to know about.



## If I need help please call

Write down the names and telephone numbers of the friends, family, carers or anyone else who you would like us to contact if you need help.



## Email address for Contact 1

We've asked for an email address for the first contact on the list. This is so we can email every year to ask whether your details are correct. This can be your email if you can check your own details or someone who can check for you.

If you don't have an email address you can put here please talk to your key partner.



## Declaration

This says that you are happy for the information you have written on this form will be seen by your key partner and the police, fire and rescue service and the East Midlands Ambulance Service, if they need to help you.



## Please sign here:

Please write your signature in the box or ask someone to sign the form for you.



# Keep Safe Application Form for Northamptonshire



Write as neatly as you can and keep your answers short

## My Name

Title	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



I like to be called



My Keyword



## My Date of Birth

Please tell us the date you were born

Day  Month  Year



## Where I live

House or Flat number or name

Street

Area

Town

County  Post Code

Main Phone  Other Phone

Email

### I would like to be contacted by:

Main Phone  Email  SMS  Letter  Braille

Other phone  BSL  Other



## The care that I receive

Tell us about any care that you receive

What is the name of the care company:

What type of care do you receive ?



## How I communicate

How I will communicate with you:

Talking

Some talking

Non Verbal

Makaton

Lip Reading

BSL

Gestures

Picture Cards

What else you should know:



## What support I will need

Select one of the two options below to tell us about the support you need

**Option 1:** This is the standard wording we will put on your card:  
Talk calmly, reassure me, explain what's happening, listen to me.

**You can add anything else you want to tell us here:**

OR

**Option 2:** Tell us in your own words how we can support you:

Do you provide care for anyone else?

Yes

No



# My Health

Tell us about your health and any disabilities you have. Please identify up to 5 of the most important.

ADHD

Anxiety

Asthma

Blind

Dementia

Downs Syndrome

Learning Disability

Restricted Mobility

Allergies

Arthritis

Autistic Spectrum

Cerebral Palsy

Depression

Epilepsy

Hard of Hearing

Schizophrenia

Alzheimer's Disease

Asperger's Syndrome

Bipolar

Deaf

Diabetes

High Blood Pressure

Parkinson's Disease

Visually Impaired

Undiagnosed Mental Health

Unnamed Mental Health

## Other things I want you to know about my health

## Are you registered with the 'Herbert Protocol' scheme?

Yes

No

Don't Know

## Do you have a Blue Disabled Parking Badge?

Yes

No

Don't Know

## Do you have an assistance dog such as a Guide Dog

Yes

No

Don't Know



# Who you can contact for me

Tell us the names & phone numbers of the people you would like us to contact if you need help.

Please provide more than one to ensure we have the best chance of contacting someone who can help.

The first person will be the one we ask to check that your information is ok. We will need their email address to do this.

## Contact 1: Also who we will contact to check your details

Name		Relationship to you	
Main Phone		Other Phone	
Email			

## Contact 2:

Name		Relationship to you	
Main Phone		Other Phone	

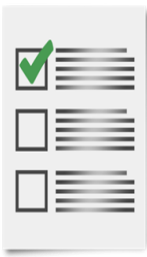
## Contact 3:

Name		Relationship to you	
Main Phone		Other Phone	

## Contact 4:

Name		Relationship to you	
Main Phone		Other Phone	





# Declaration

I understand that when I (or someone on my behalf) signs this application, we understand and agree to:

That the people I have given as my contacts are happy for their details to be kept and shared with the emergency services and my nominated Keep Safe partner.

That the information I have given will be kept by the Police, Fire & Rescue Service, Ambulance Service, and my nominated Keep Safe Partner and that this information will be stored on their computer systems.

That I am happy for the above to use my information to find out how to best support me, if I need their help in person, on the telephone or in any other way.

## I confirm my Keep Safe Partner to be:

Please nominate only one of the partners listed below.

Age UK

Autism East Midlands

Learning Disabilities Partnership

Mind

Northamptonshire Association for the Blind (NAB)

Northamptonshire County Council (NCC)

Northamptonshire Carers

Northamptonshire Healthcare Foundation Trust (NHFT)

If you don't want to nominate any of the above then tell us who you think your Keep Safe partner should be:

Other



## My Signature

Please sign here:

Today's Date



## Authority to sign on behalf of the Keep Safe Card holder

If you are completing this form on behalf of someone who is under 16 years old or does not understand the above statement, then you must provide your details below:

Name:

Relationship

Organisation

Contact Number

Email Address

**You do not need to complete this part.  
This is for Keep Safe staff only**

Date form received

Entered by

Date form processed

Date KS Card Sent