

Thank you for enquiring about the Lifeline Service. Please complete this confidential form and email or post it to us at the above address. If help is needed in filling this form, please phone us on our 24/7 number above. Please note, we have an interpreter service for clients who speak English as a second language.

|  |                                  |                                 |                                   |
|--|----------------------------------|---------------------------------|-----------------------------------|
| <b>Main Client</b>   | <b>Title:</b>                    | <b>First Name:</b>              | <b>Surname:</b>                   |
| <b>Address:</b>  |                                  |                                 |                                   |
| Post Code:   | Date of Birth:                   |                                 |                                   |
| Telephone Number:  | Mobile Number:                   |                                 |                                   |
| Telephone Provider:  | BT <input type="checkbox"/>      | Virgin <input type="checkbox"/> | TalkTalk <input type="checkbox"/> |
| Other <input type="checkbox"/> (Please indicate):                              |                                  |                                 |                                   |
| <b>Ethnicity: Please tick one section from A-F, to indicate your ethnicity</b> |                                  |                                 |                                   |
| <input type="checkbox"/>   | <b>A. White</b>                  | <input type="checkbox"/>        | <b>B. Mixed</b>                   |
| <input type="checkbox"/>   | <b>C. Asian or Asian British</b> |                                 | <input type="checkbox"/>          |
| <b>D. Black or Black British</b>   |                                  | <input type="checkbox"/>        |                                   |
| <input type="checkbox"/>   | <b>E. Chinese</b>                |                                 | <input type="checkbox"/>          |
| <b>F. Other (please state)</b>   |                                  |                                 |                                   |

|                                  |                |                    |                 |
|----------------------------------|----------------|--------------------|-----------------|
| <b>Second Resident's Details</b> | <b>Title:</b>  | <b>First Name:</b> | <b>Surname:</b> |
| Mobile no:                       | Date of Birth: |                    | Relationship:   |

**Please Note: Two-Keyholders required & they Must live ten (10) minutes driving radius of client's address.**

|                             |   |                                     |                              |
|-----------------------------|---|-------------------------------------|------------------------------|
| <b>Key-holder 1</b>         | Name:                                     | Key holder has been contacted by CC | <input type="checkbox"/>     |
| Home Phone no:              | Work Phone no:                            |                                     |                              |
| Mobile phone no:            | Email address:                            |                                     |                              |
| Address:                    |   | Post Code:                          |                              |
| Relationship to Key-holder: | Is this Key-holder also your Next of Kin? |                                     | Yes <input type="checkbox"/> |
|                             |   | No <input type="checkbox"/>         |                              |

|                             |   |                                     |                              |
|-----------------------------|---|-------------------------------------|------------------------------|
| <b>Key-holder 2</b>         | Name:                                     | Key holder has been contacted by CC | <input type="checkbox"/>     |
| Home Phone no:              | Work Phone no:                            |                                     |                              |
| Mobile phone no:            | Email address:                            |                                     |                              |
| Address:                    |   | Post Code:                          |                              |
| Relationship to Key-holder: | Is this Key-holder also your Next of Kin? |                                     | Yes <input type="checkbox"/> |
|                             |   | No <input type="checkbox"/>         |                              |

**Key-Safe: (Required if you are unable to provide Two Key-holders within ten minutes driving radius)**

|                          |   |                                     |  |
|--------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> | Key-Safe already fitted at Client's property  | <b>What is the Key-safe number?</b> |  |
| <input type="checkbox"/> | I would like to have a key-safe Installed by Lifeline (£110.45 incl. VAT- one off cost) | <b>Location of the key-safe?</b>    |  |

|                                   |                        |
|-----------------------------------|------------------------|
| <b>GP &amp; Surgery Details:</b>  | Doctor's Phone Number: |
| Name of Doctor:                   |                        |
| Address of Surgery/ Health Centre |                        |

**Medical Details for Main Client - Please tell us about your Medical conditions & Allergies (Tick as appropriate)**

|                          |            |                          |                     |                          |                    |                          |              |
|--------------------------|------------|--------------------------|---------------------|--------------------------|--------------------|--------------------------|--------------|
| <input type="checkbox"/> | Arthritis  | <input type="checkbox"/> | COPD                | <input type="checkbox"/> | Hearing Impairment | <input type="checkbox"/> | Osteoporosis |
| <input type="checkbox"/> | Allergies? | <input type="checkbox"/> | Heart Condition     | <input type="checkbox"/> | Impaired Sight     | <input type="checkbox"/> | Other        |
| <input type="checkbox"/> | Asthma     | <input type="checkbox"/> | High Blood Pressure | <input type="checkbox"/> | Low Blood Pressure | <input type="checkbox"/> | Stroke       |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>Medical Details for Second Resident (Please write below)</b> |  |  |  |  |  |
|---|--|--|--|--|--|

**I am aware that lifeline will NOT hold "DO NOT RECUSCITATE" requests.**

|   |   |
|---|---|
| <b>Installation &amp; Monitoring Charge</b> |   |
| <input type="checkbox"/>                    | Installation Charge (one off) £19.99  |
| <input type="checkbox"/>                    | I will pay £4.50 per week for my Lifeline Monitoring Service  |
| <input type="checkbox"/>                    | I Will Pay monthly by Direct Debit  |
| <input type="checkbox"/>                    | I will apply for Financial Assessment (F/A) and agree to pay the Installation charge and Monitoring charge until the outcome of my F/A is received. If the outcome is unsuccessful, I have the option to continue or Terminate the service. |

**If your Financial Assessment is successful, the monitoring charge will cease from the 1<sup>st</sup> of the following month. No refunds awarded**

[Apply for Financial Assessment on-line \(Press Ctrl & Click\)](#)

|   |                              |  |           |
|---|------------------------------|--|-----------|
| <b>Next of Kin Details:</b> (If they are same as Key-holders then, you don't need to fill this section) |                              |  |           |
| Name of Family Contact:   |                              | Key holder has been contacted by CC <input type="checkbox"/> |           |
| Relationship to Client:   |                              |  |           |
| Address:  |                              |  | Postcode: |
| Are they also a Keyholder?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No                                  | Home Tel: |
| Mobile no:  |                              |  | Work Tel: |

|                            |                              |  |           |
|----------------------------|------------------------------|--|-----------|
| Name of Family Contact:    |                              | Key holder has been contacted by CC <input type="checkbox"/> |           |
| Relationship to Client:    |                              |  |           |
| Address:                   |                              |  | Postcode: |
| Are they also a Keyholder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No                                  | Home Tel: |
| Mobile no:                 |                              |  | Work Tel: |

|                           |                          |  |
|---------------------------|--------------------------|--|
| <b>Home Care</b>          | Company name and Tel no: |  |
| Which days do they visit? |                          |  |
| What are the timings?     |                          |  |

|  |  |   |                                 |
|--|--|---|---------------------------------|
| <b>Where did you find out about Lifeline?</b>          |  |   |                                 |
| <input type="checkbox"/> Social Worker or OT           | <input type="checkbox"/> Existing Service user | <input type="checkbox"/> Voluntary Organisation | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Lifeline Talk / Demonstration | <input type="checkbox"/> Other (please state): |   |                                 |

**Please write below anything you think might be useful to us;**

.....

.....

.....

**Privacy Statement**

The information that you provide may be shared with the Ambulance Service, Police and Fire Brigade. This is to allow best possible response if you are in need of medical, or other emergency assistance.

You should also be aware that any calls you make to the Lifeline Control Centre may be recorded for training and for delivering Lifeline Services. To find out more about our Privacy Notice, please visit [www.redbridge.gov.uk](http://www.redbridge.gov.uk)

If you wish to access details of the data we hold for you, please contact the Lifeline Control Centre  
Tel:- 020 8708 5897 or email: - [Lifeline@redbridge.gov.uk](mailto:Lifeline@redbridge.gov.uk)

|                          |   |                 |
|--------------------------|---|-----------------|
| <input type="checkbox"/> | I consent for my information to be forwarded to London Fire Brigade for Fire Safety check & Free Smoke Detectors to be installed if required. | Signature:..... |
|--------------------------|---|-----------------|

|  |   |  |          |
|--|---|--|----------|
| <b>To be completed by Installation Officer &amp; Office use only!</b>  |   |  |          |
| Installation Date  |   | ID Number  | Surname: |
| <input type="checkbox"/> Lifeline & Pendant  | <input type="checkbox"/> Second Client Pendant            | <input type="checkbox"/> Bogus Caller at additional cost               |          |
| <input type="checkbox"/> Installation Fee £19.99   | <input type="checkbox"/> Keysafe Purchase                 | <input type="checkbox"/> Keysafe information letter provided to Client |          |
| <b>Funding Source for Lifeline</b>   |   |  |          |
| <input type="checkbox"/> Self Funding  | <input type="checkbox"/> Second Client at additional cost | <input type="checkbox"/> Bogus Caller Button at additional cost        |          |
| <input type="checkbox"/> Will apply for Financial Assessment directly. Client is made aware of Installation charge & weekly monitoring charge until F/S is successful. |   |  |          |

**Redbridge Lifeline publish an annual report each year about the service. The report is available on-line at [www.redbridge.gov.uk](http://www.redbridge.gov.uk) or posted upon request.**