

**Lifeline & Telecare, Redbridge Control Centre,**  
**531 Ley Street, Ilford, IG2 7QZ**  
**Tel: 020 8708 5897/ 0300 555 4901 (24/7)**  
**Email: Lifeline@redbridge.gov.uk**

London Borough of

**Redbridge**



Certified Organisation



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Thank you for enquiring about the Lifeline Service. Please complete this confidential Application 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 telephone 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:		Home Tel:	Mobile No:
Date of Birth:		Telephone Provider:	
BT <input type="checkbox"/>	Sky <input type="checkbox"/>	Virgin <input type="checkbox"/>	Talk Talk <input type="checkbox"/> Other <input type="checkbox"/> (Please indicate):
<b>Ethnicity:</b> Please tick one section from <b>A-F</b> , to indicate your ethnicity			
<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"/> <b>E. Chinese</b>	<input type="checkbox"/> <b>F. Other (please state)</b>		
<b>Second *Client/ Resident Details</b> *If an additional Second pendant is required - will be charged at <b>.62p Per week</b>			
<b>Title:</b>	<b>First Name:</b>	<b>Surname:</b>	
Mobile no:	Date of Birth:	Relationship:	
<b>Please Note: Two-Keyholders required &amp; they <u>Must</u> live within 10-20 minutes driving radius of client's address.</b>			
<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"/>	
<b>Key-Safe:</b> (Required if you are unable to provide Two Key-holders within 10-20 minutes driving radius)			
<input type="checkbox"/>	Key-Safe already fitted at Client's property		Lifeline officer will contact you to obtain the Key-safe number and the location alternatively, you may contact us on the number above.
<b>GP &amp; Surgery Details:</b>		Doctor's Phone Number:	
Name of Doctor:			
Address of Surgery/ Health Centre			
<b>Medical Details for Main Client</b> - Please tell us about your medical conditions & allergies (Tick as appropriate)			
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	COPD/ Asthma
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Heart Condition
<input type="checkbox"/>	Dementia	<input type="checkbox"/>	High / Low Blood Pressure
<input type="checkbox"/>		<input type="checkbox"/>	Hearing Impairment
<input type="checkbox"/>		<input type="checkbox"/>	Impaired Sight
<input type="checkbox"/>		<input type="checkbox"/>	Stroke
<input type="checkbox"/>		<input type="checkbox"/>	Other
<b>Medical Details for Second *Client</b> (Tick as appropriate)			
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Heart Condition
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	High / Low Blood Pressure
<input type="checkbox"/>		<input type="checkbox"/>	Osteoporosis
<input type="checkbox"/>		<input type="checkbox"/>	Stroke
<input type="checkbox"/>		<input type="checkbox"/>	Dementia
<input type="checkbox"/>		<input type="checkbox"/>	COPD/Asthma
<b>I am aware that lifeline will NOT hold "DO NOT RESUSCITATE" requests.</b>			
<b>Please tick your requirements</b>	Lifeline unit & Pendant	<input type="checkbox"/>	Lifeline unit, Pendant + Key-safe
	Lifeline unit & Falls Detector	<input type="checkbox"/>	Lifeline unit, Falls Detector + Key-safe
Key-safe is supplied and installed by Redbridge Lifeline £126.30			
<b>Installation &amp; Monitoring Charge</b>			
<input type="checkbox"/>	I will pay <b>£5.52 per week</b> for my Lifeline Monitoring Service		<input type="checkbox"/> <b>I will Pay by Direct Debit</b> (Redbridge Council Finance team will be in contact to set-up the Direct Debit)
<input type="checkbox"/>	Installation Charge <b>£19.99</b>		

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

Name of Family Contact:			
Relationship to Client:			
Address:			
		Postcode:	
Are they also a Keyholder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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>Why do you need a Lifeline?</b> Please tick			
<input type="checkbox"/> Peace of Mind	<input type="checkbox"/> Independence	<input type="checkbox"/> Health Reasons	<input type="checkbox"/> Safety & Security
<input type="checkbox"/> Re-assurance	<input type="checkbox"/> Other (please state):		

<b>Engagement</b>	Have you discussed Service user needs & Requirements?	
<input type="checkbox"/> Location of the lifeline to be installed was discussed	<input type="checkbox"/> Location of Key-safe discussed and agreed	
<input type="checkbox"/> Explained Key-safe cost can be paid by monthly instalments		

<b>Where did you find out about Lifeline Service?</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):		

<b>Please write here anything you think might be useful to us:</b>

<b>Privacy Statement</b>
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 <a href="http://www.redbridge.gov.uk">www.redbridge.gov.uk</a>
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: - <a href="mailto:Lifeline@redbridge.gov.uk">Lifeline@redbridge.gov.uk</a>

<input type="checkbox"/>	I consent for my information to be shared with the Emergency Services as per the privacy statement above.
	Signature:.....

<b>For Office use</b>	<b>Must be completed by Booking officer, Night shift officer &amp; V&amp;R (Installation) officer</b>
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Installation Date		ID Number		Surname:	
<input type="checkbox"/> Lifeline & Pendant	<input type="checkbox"/> Second Client Pendant charged weekly	<input type="checkbox"/> Key-safe Purchase			
<input type="checkbox"/> Installation Fee £19.99	<input type="checkbox"/> Lifeline + Fall-Detector	<input type="checkbox"/> Key-safe information leaflet 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"/>	Client applied for F/A directly & Outcome is: Pay for Lifeline Service <input type="checkbox"/> Nil Payment <input type="checkbox"/>	<input type="checkbox"/>	Characteristics & Installation doc's checked on Jontek by Night-Shift. Officer name & Date: .....

**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.**