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

London Borough of Redbridge

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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 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.

| **Main Client** | **Title:** | **First Name:** | | **Surname:** | |
|---|---|---|---|---|---|
| **Address:** | | | | | |
| Post Code: | | Home Tel: | | Mobile No: | |
| Date of Birth: | | Telephone Provider: | | | |
| BT ❑ | Sky ❑ | Virgin ❑ | Talk Talk ❑ | Other ❑ *(Please indicate)*: | |

**Ethnicity:** Please tick one section from **A-F**, to indicate your ethnicity

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ❑ | **A. White** | ❑ | **B. Mixed** | ❑ | **C. Asian or Asian British** | ❑ | **D. Black or Black British** |
| ❑ | **E. Chinese** | | | ❑ | **F. Other (please state)** | | |

| **Second *Client/ Resident Details** | *If an additional Second pendant is required - will be charged at **.50p Per week** | | |
|---|---|---|---|
| **Title:** | **First Name:** | **Surname:** | |
| Mobile no: | | Date of Birth: | Relationship: |

**Please Note: Two-Keyholders required** & they **Must** live within 10-20 minutes driving radius of client's address.

| **Key-holder 1** | Name: | Key holder has been contacted by CC ❑ | |
|---|---|---|---|
| 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 ❑ | No ❑ |

| **Key-holder 2** | Name: | Key holder has been contacted by CC ❑ | |
|---|---|---|---|
| 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 ❑ | No ❑ |

**Key-Safe:** *(Required if you are unable to provide Two Key-holders within 10-20 minutes driving radius)*

| | | |
|---|---|---|
| ❑ | 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. |

| **GP & Surgery Details:** | 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*)

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ❑ | Arthritis | ❑ | COPD/ Asthma | ❑ | Hearing Impairment | ❑ | Osteoporosis | | |
| ❑ | Diabetes | ❑ | Heart Condition | ❑ | Impaired Sight | ❑ | Alzheimer's | | |
| ❑ | Dementia | ❑ | High / Low Blood Pressure | ❑ | Stroke | ❑ | Other | ❑ | |

**Medical Details for Second *Client** (Tick as appropriate)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Other | ❑ | | | | | | |
| ❑ | Arthritis | ❑ | Heart Condition | ❑ | Osteoporosis | ❑ | Dementia |
| ❑ | Diabetes | ❑ | High / Low Blood Pressure | ❑ | Stroke | ❑ | COPD/Asthma |

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

| **Please tick your requirements** | Lifeline unit & Pendant | ❑ | Lifeline unit, Pendant + Key-safe | ❑ |
|---|---|---|---|---|
| | Lifeline unit & Falls Detector | ❑ | Lifeline unit, Falls Detector + Key-safe | ❑ |

Key-safe installation is provided by Redbridge Lifeline at a cost of **£126.30**. If the key-safe needs to be fitted to an external communal door, permission from the landlord or freeholder must be obtained before key-safe installation.

| **Installation & Monitoring Charge** | | | |
|---|---|---|---|
| ❑ | I will pay **£6.50 per week** for my Lifeline Monitoring Service | ❑ | **I will Pay by Direct Debit** *(Redbridge Council Finance team will be in contact to set-up the Direct Debit)* |
| ❑ | Installation Charge **£19.99** | | |

| **Next of Kin Details:** (*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 ❑ | No ❑ | Home Tel: |
| Mobile no: | | | Work Tel: |

| | | | |
|---|---|---|---|
| Name of Family Contact: | | | |
| Relationship to Client: | | | |
| Address: | | | |
| | | | Postcode: |
| Are they also a Keyholder? | Yes ❑ | No ❑ | Home Tel: |
| Mobile no: | | | Work Tel: |

| **Home Care** | Provider name and Tel no: |
|---|---|
| Which days do they visit? | |
| What are the timings? | |

| **Why do you need a Lifeline?** Please tick | | | | | | | |
|---|---|---|---|---|---|---|---|
| ❑ | Peace of Mind | ❑ | Independence | ❑ | Health Reasons | ❑ | Safety & Security |
| ❑ | Re-assurance | ❑ | Other (please state): | | | | |

| **Engagement** | Have you discussed Service user needs & Requirements? | | |
|---|---|---|---|
| ❑ | Location of the lifeline to be installed was discussed | ❑ | Location of Key-safe discussed and agreed |
| ❑ | Explained Key-safe cost can be paid by monthly instalments | | |

| **Where did you find out about Lifeline Service?** | | | | | | | |
|---|---|---|---|---|---|---|---|
| ❑ | Social Worker or OT | ❑ | Existing Service user | ❑ | Voluntary Organisation | ❑ | Doctor |
| ❑ | Lifeline Talk / Demonstration | ❑ | Other (please state): | | | | |

**Please write here 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***

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***

| ❑ | I consent for my information to be shared with the Emergency Services as per the privacy statement above.<br>Signature:..... |
|---|---|

| **For Office use** | **Must be completed by Booking officer, Night shift officer & V&R (Installation) officer** |
|---|---|

| Installation Date | | ID Number | | Surname: | |
|---|---|---|---|---|---|
| ❑ | Lifeline & Pendant | ❑ | Second Client Pendant charged weekly | ❑ | Key-safe Purchase |
| ❑ | Installation Fee £19.99 | ❑ | Lifeline + Fall-Detector | ❑ | Key-safe information leaflet provided to Client |

| **Funding Source for Lifeline** | | | |
|---|---|---|---|
| ❑ | Self Funding | ❑ | Second Client at additional cost |
| ❑ | Characteristics & Installation doc's checked on Jontek by Nightshift. 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 or posted upon request.**