

As the person completing the form, are you:

- The applicant Next of kin Friend
 Neighbour Social worker Occupational therapist
 Other (please specify):

Where did you get this application form?

- Online GP surgery Pharmacy
 Library Social group Hospital
 Other (please specify):

Any additional notes or special instructions:

Please email your completed form to linkline@lewisham.gov.uk or post it to:

Linkline Telecare Service

Roseview
122 Marsala Road
Lewisham SE13 7AF

Terms and conditions

- We work with a number of organisations to store personal information and help deliver our services to you.
- We have a contract with each of these organisations to make sure they comply with data protection law.
- You can read our full privacy notice at www.lewisham.gov.uk/linklineprivacy.
- We record all calls made to the Linkline response centre. This helps us to monitor the quality of our service and to resolve any issues.

Linkline Telecare application form



If you need help completing this form, call us on 020 8314 3141. There may be a delay in your application if you don't complete the form fully.

Home response service

We can only install the alarm unit if you provide a set of keys on the day of installation.

Your details

Name:

Address:

Date of birth:

Postcode:

Home telephone

Mobile:

Details of any medical conditions:

Do you have any special instructions regarding the medical condition above (e.g. call an ambulance for every alarm call received quoting my condition)?

If yes, please specify:

Your GP's details:

GP's name:

Surgery address:

Telephone:

Postcode:

Do you have any religious or cultural beliefs? (please tick)

Yes No

If yes, please specify name of religion:

Do you have any pets? (please tick)

Yes No

If yes, please specify:

What is your ethnicity? (please tick)

White

British Irish Other White background, please specify:

Mixed

White and Black Caribbean White and Black African
 White and Asian Other mixed background, please specify:

Asian or Asian British

Indian Pakistani
 Bangladeshi Other Asian background, please specify:

Black or Black British

Caribbean African Other Black background, please specify:

Chinese or other ethnic group

Chinese Other ethnic background, please specify:

Do you have a disability?

Visual impairment Hearing impairment Speech impairment
 Restricted mobility Wheelchair user Learning disability
 Mental health problem Hidden impairment Other, please specify:

Further details

Do you access any of the following services?

Home care agency
 Day centre Enablement care team (short-term support)
 Personal assistant District nurse
 Other

What type of property do you live in?

Housing association Lewisham Homes Private rented Home owner
 Other

Details of two next of kin to be contacted (in order of preference):

1. Name:

Address:

Postcode:

Relationship to you:

2. Name:

Address:

Postcode:

Relationship to you:

Telephone numbers:

Home:

Mobile:

Work:

Telephone numbers:

Home:

Mobile:

Work: