

Careline Alarm Application Form

Office use only	
I.D. No:	Keysafe No:
Serial No:	Unit Name:
Install Date:	Time:

Please complete the form carefully and in block capitals.

1. (i) Name of applicant where equipment is to be installed:

(ii) Applicant's address and telephone number (i.e. where equipment is to be installed):

Telephone Number

(iii) Applicant's date of birth

(iv) Wife/Husband/Partner/Next of Kin's Name & Address

.....

(v) Name, Address and Telephone No. FOR CORRESPONDENCE IF DIFFERENT FROM ABOVE:

2. Present accommodation: (please tick as appropriate)

<input type="checkbox"/> PRIVATE / <input type="checkbox"/> COUNCIL (S.B.C.)
HOUSING BENEFIT
<input type="checkbox"/> YES <input type="checkbox"/> NO

3. (i) Name, Address and Telephone No. of Doctor:

(ii) Medical Conditions/Special Needs

This personal data may be disclosed to the ambulance, health and social services should you request help via the Careline alarm system.

1. Name, Address and Telephone No. of Keyholder:

.....

.....

Tel. No:

2. Name, Address and Telephone No. of Keyholder:

.....

.....

Tel. No:

Would you like to have an advisor call you to discuss our new range of Telecare equipment

4. Do you have an electrical socket close to your existing phone and on the same wall?

Yes No

5. Please indicate when it would be convenient for me to telephone you by placing a tick in the appropriate box

1. Date...../...../..... Time AM PM

On receipt of this application our coordinator will call you to arrange an appointment for installation of your alarm.

For the applicant or any other person acting on his/her behalf.

I have read and understood the information sheet sent to me with this application form and the obligations upon me. I understand that all prices quoted are subject to review. I declare the information supplied to be correct. The Data Protection Act requires us to inform you that this information will be held on a computer system, and may be shared with other appropriate agencies. I consent to the information at paragraph 3 - medical information - being disclosed under the circumstances described at that section.

Signed Date

Return to: Alarm Co-ordinator, (Community Safety, Careline, Town Hall, Bath Road, Slough, Berks SL1 3UQ
Telephone: Slough 875445 **Email:** careline@slough.gov.uk for queries.

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