

# Merthyr Tydfil County Borough Council

## APPLICATION FOR LIFELINE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Key Safe Number: (Please phone us if you would like information about a Key Safe) \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Do you live alone? Yes / No

If you have answered **NO**; Please list the Name, Age and their Relationship to you, of those living in the same property:

Name	Date of Birth	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

In your own words why do you think you would benefit from a Lifeline Telephone?

\_\_\_\_\_  
\_\_\_\_\_

Are you prepared to meet the weekly monitoring and service charge? Yes / No  
(Please see the attached 'Charges Information' sheet)

Please refer to the Information and Service Standards Guide for full details of our Service Standards and procedures.

The Control Room will require personal information in order to ensure that you are helped in the most appropriate way in the event of an emergency. Please complete **both** sides of this form before returning it to the Control Room at the address below. Once your completed application form is received at the Control Room you will receive a telephone call to make arrangements for a demonstration/installation visit.

*Lifeline Control Room  
Civic Centre  
Castle Street  
Merthyr Tydfil  
CF47 8AN*

*Tel: 01685 384489(Voice Recorded) Fax: 01685 387740*

## Applicants Personal Information

*All information provided will be treated in confidence. However, we do reserve the right to share this information with other organisations if there is a risk to your health and safety. For further information refer to your "Customer Information Guide"*

Preferred Language, if not English: \_\_\_\_\_

Do you have the ability to understand and communicate effectively? Yes / No (If you have answered No to this question, please give details of your nominated advocate below as the **1st Nominated Contact**)

General Medical Information: \_\_\_\_\_  
\_\_\_\_\_

Additional Information / Special Instructions/Referrals: (Access Details) \_\_\_\_\_  
\_\_\_\_\_

### Your Nominated Contact Details (Contact confirmed by Control Room )

**If your Advocate, Family Member or Friend is key holder and holds a key to your home, please indicate their availability to be called in the event of an emergency e.g. 24 hour; Every Day; Evenings Only etc.**

1. Name \_\_\_\_\_ Relative / **Advocate** \_\_\_\_\_  
Address \_\_\_\_\_  
Tel. No. \_\_\_\_\_ Key Holder? Yes / No \_\_\_\_\_ Availability \_\_\_\_\_

2. Name \_\_\_\_\_ Relative / Other \_\_\_\_\_  
Address \_\_\_\_\_  
Tel. No. \_\_\_\_\_ Key Holder? Yes / No \_\_\_\_\_ Availability \_\_\_\_\_

3. Name \_\_\_\_\_ Relative / Other \_\_\_\_\_  
Address \_\_\_\_\_  
Tel. No. \_\_\_\_\_ Key Holder? Yes / No \_\_\_\_\_ Availability \_\_\_\_\_

4. Name \_\_\_\_\_ Relative / Other \_\_\_\_\_  
Address \_\_\_\_\_  
Tel. No. \_\_\_\_\_ Key Holder? Yes / No \_\_\_\_\_ Availability \_\_\_\_\_

5. G.P. Name \_\_\_\_\_  
Surgery Address \_\_\_\_\_  
Tel. No. \_\_\_\_\_

6. Home Care (Local Authority/Private Organisation) \_\_\_\_\_  
Address \_\_\_\_\_ Tel. No.(Office and Out of Hours) \_\_\_\_\_  
Details of Support Received e.g. Which days do they Visits? \_\_\_\_\_  
What time does Home Care arrive? \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

Name Siân Davies  
Post Control Room Manager  
Version 1 Date 11.01.16 Review 11.01.17