

Care Ring Alarm Service Application Form

Please complete the blue sections

If you need help or advice, or would like to discuss your application with a member of the Care Ring Team please

Telephone **01132 243485**

Fax **01132 243483**



Return To: Care Ring, Cross Green Industrial Estate, Knowsthorpe Gate, Leeds, LS9 0NP

Care Ring Use Only		ID Number		Date Service Commenced	
Alarm Type		Alarm Unit situated			
Alarm Serial no		Telephones Situated			
Pendant Serial No		Pets			

1. Your Personal Details					
Title			DOB/AGE		
Surname			Religion		
Forenames			Gender	Female Male	Sexuality
House No. & Street			Telephone Number		
Area			Post Code		
Divorced		Married	Single	Widowed	Widower
Nationality		Ethnic Origin		1st language	
Interpreter Required?	Yes	No		Sleeps	Upstairs Same Level

2. Second Applicant					
Title			DOB/AGE		
Surname			Religion		
Forenames			Gender	Female Male	Sexuality
Nationality		Ethnic Origin		1st Language	

3. Property Details – Is your property:-									
Sheltered		Owner occupied		Council rented		Private rented		HA rented	
Detached	Semi	House	Bungalow	Bed-sit	Town house	Flat, High Rise	Flat, Low Rise	Back to Back	Through Terraced
Adaptations		Grab Rails Stair Lift Through Floor Lift			Ramped Access Bath Hoist G/Floor Bath/Shower		Ground Floor Toilet Walk in Shower Adaptations under way		

Do you have a modern plug-in telephone socket in your home?	YES	NO
Do you have an AVAILABLE i.e. empty 13 amp electrical socket within 10ft of your telephone socket? Or accessible using extension leads without Crossing doorways, walkways or a fireplace.	YES	NO

4. Emergency Contacts / Callouts

Applicants must provide below the names, addresses and telephone numbers of **at least** two people who can be contacted, should assistance be required in an emergency. These people must be of reasonable age and able to respond to an emergency at your property – day or night. They **must** hold keys to your property and live at separate addresses, within 45 minutes travelling distance of your property (as a maximum), by whatever form of transport used.

Contact 1			Telephone Numbers
Name		Home	
Address		Work	
		Mobile 1	
Post Code		Mobile 2	
Relationship		Holds key for Doors at the Front Side Back	Keyholder Checked

Contact 2			Telephone Numbers
Name		Home	
Address		Work	
		Mobile 1	
Post code		Mobile 2	
Relationship		Holds key for Doors at the Front Side Back	Keyholder checked

Contact 3			Telephone Numbers
Name		Home	
Address		Work	
		Mobile 1	
Post Code		Mobile 2	
Relationship		Holds key for Doors at the Front Side Back	Keyholder Checked

Doctor	Client 1	Client 2
Surgery address		
Postcode		
phone number		

Keysafe		
	Location -	Code -

Please give details of anyone you wish to be present at the time of installation and who we need to contact to arrange the installation date with.

Name _____ Relationship _____ Telephone _____

Summary of Relevant Health Problems

	Main Client		2 nd Applicant	
Heart Problems				
Breathing Problems				
Prone to Falls				
Diabetes	Type 1 (Insulin)	Type 2	Type 1 (Insulin)	Type 2
Takes Warfarin	YES	NO	YES	NO
Uses Oxygen	YES	NO	YES	NO
Smoker	YES	NO	YES	NO
Allergies				
Other				

Seeing, Hearing & Communication

Can you see?	Yes	With difficulty	Partially sighted	Registered Blind
Can you hear?	Yes	With difficulty	Wears Hearing Aid	Cannot hear at all
Speech Problems	No Problems	With difficulty	Cannot speak at all	Does not speak English
Using the Telephone	No Problems	With help	Unable to use the phone	Uses Minicom or type talk

Frequency of Care/Support Received	Mon a.m.	p.m.	Tues a.m.	p.m.	Weds a.m.	p.m.	Thur a.m.	p.m.	Fri a.m.	p.m.	Sat a.m.	p.m.	Sun a.m.	p.m.
Family and Friends														
Homecare Social Servs														
Private Help														
Nurse/CPN														
Meals/Frozen Dinners														
Day Centre														
Regular Days Out														

Additional Contact	Name	Contact Telephone Number
Homecare		
Nurse/CPN		
Day Centre		
Main Carer		

Other relevant information

The alarm you will be supplied with will be left in working condition. Any later changes that you make to your telephone equipment or service provider, may result in the alarm being unable to call out.

Consent

As an extension to our service we will pass on your details to the West Yorkshire Fire and Rescue Service for them to carry out a completely free Home Fire Safety Check .

Do you consent to the information recorded being shared with others involved in your care.

Yes No

Do you consent to the information recorded being used to plan your future care.

Yes No

Please sign to give consent _____