



Lifeline APPLICATION FORM

Please answer all the questions you are able to and which are relevant to your circumstances.

All information is treated in strictest confidence.

Feel free to add any other relevant details on a separate sheet if necessary.

1 FULL NAME:

2 DATE OF BIRTH:

3 FULL ADDRESS:

(including postcode)

4 TELEPHONE NO:

5 TYPE OF DWELLING:.....

(e.g. Housing Association/private house/bungalow/flat)

6 ARE YOU IN RECEIPT OF: Attendance Allowance/ Income Support? YES/NO

7 CARE MANAGER (if any):

Telephone No.:

MEDICAL DETAILS:

8 DOCTOR'S NAME:

9 SURGERY ADDRESS:.....

10 TELEPHONE NO:

11 Please detail below any medical conditions/disabilities which it might be helpful for the control centre staff to be aware of: (e.g. limited mobility, severe arthritis, angina, impaired vision or hearing, etc.)

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CONTACTS:

12 Please give the names, addresses and telephone numbers of 2 or 3 people who could be contacted if you needed help in circumstances other than an emergency and indicate who (if any) are keyholders.

(i) NAME

ADDRESS: Relationship to Above

TELEPHONE NO: Friend/Neighbour/Next of Kin

MOBILE NO.....KEYHOLDER: YES/NO

(ii)NAME:

ADDRESS:.....Relationship to Above

TELEPHONE NO:.....Friend/Neighbour/Next of Kin

MOBILE NO.....KEYHOLDER: YES/NO

(iii) NAME:.....

ADDRESS:..... Relationship to Above

TELEPHONE NO:.....Friend/Neighbour/Next of Kin

MOBILE NO.....KEYHOLDER: YES/NO

Signed: Date:

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