Providing you and your family with INDEPENDENCE, SECURITY and PEACE OF MIND
Careline

We can provide Careline equipment and monitoring services 24 hours a day, 365 days a year.

Price: .................................................................

Applying for our services

Please use this form if you would like to apply for any of our services. If you need help filling it in, please contact us. Our details are on the back of the form.

Please answer all the questions that are relevant to you. You can add any other details on a separate sheet if you need to.

1. Which services are you applying for?
   - Care alarm and pendant
   - Extra pendant(s): .................................................................

2. Your contact details

   Name(s): ........................................................................................................

   Address: ........................................................................................................

   ........................................................................................................................
Postcode: ..............................................................................................................

Email: ..............................................................................................................

Phone number: .............................................................................................

Date of birth: .....................................................................................................

3. Your Doctor’s details

Doctor’s name: .............................................................................................

Surgery address: .............................................................................................

Surgery phone number: .....................................................................................

4. Please tell us about any medical conditions or disabilities that we might need to be aware of (tick any that apply).

- Hearing impairment
- Sight impairment
- Speech problems
- Learning difficulties
- Mobility problems
- Wheelchair user
- Mental health
☐ Permanent injury
☐ Long-term medical condition (such as angina or severe arthritis)
☐ No disability
☐ Other (please state): .................................................................

4a. Please give more details of any medical condition or disability mentioned above.
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5. Are there any other circumstances that you think we should be aware of when we contact or visit you? (For example, if it takes you a long time to get to the door.)
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6. Care details

Care company:.................................................................................................................................

Care manager’s name (if you have one): ..............................................................................................................

Care manager’s phone number: ...........................................................................................................................

If you have visits from a care team or carer, please tell us the following:

Name of agency providing care: ..........................................................................................................................................

Phone number of agency: ..........................................................................................................................................

When and how often they visit: ..........................................................................................................................................

7. Do you have any pets?

☐ Yes ☐ No

If ‘yes’, please give details. .............................................................................................................................................
8. Who provides your telephone line (such as BT or TalkTalk)?

9. If you have a phone, does it have an answering service (such as 1471, 1571 or TalkTalk)?

   - Yes
   - No

10. Do you have a key safe?
    - Yes
    - No

   If yes please tell us your code: .................................................................

   And where it is placed: .................................................................
11. Contacts

If you are applying for the care alarm only, please give details of at least two people who live near you. These people will act as ‘key holders’ for your home and we will contact them if you need help, day or night, seven days a week.

<table>
<thead>
<tr>
<th>Person one</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ...........................................................................................................</td>
</tr>
<tr>
<td>Relationship to you: .............................................................................</td>
</tr>
<tr>
<td>Address: ....................................................................................................</td>
</tr>
<tr>
<td>Home phone number: .............................................................................</td>
</tr>
<tr>
<td>Work phone number: .............................................................................</td>
</tr>
<tr>
<td>Mobile phone number: ...........................................................................</td>
</tr>
<tr>
<td>Do they have a key to your home?</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>Next of kin?</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>Do they have permission from you to ask questions about your Careline service?</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
</tbody>
</table>
Person two

Name: ..........................................................................................................

Relationship to you: .............................................................................

Address: ..................................................................................................

Home phone number: ...........................................................................

Work phone number: ...........................................................................

Mobile phone number: ........................................................................

Do they have a key to your home?

☐ Yes  ☐ No

Next of kin?

☐ Yes  ☐ No

Do they have permission from you to ask questions about your Careline service?

☐ Yes  ☐ No
Person three

Name: ........................................................................................................

Relationship to you: ................................................................................

Address: ...................................................................................................

Home phone number: .................................................................................

Work phone number: ............................................................................... 

Mobile phone number: .............................................................................

Do they have a key to your home?

☐ Yes  ☐ No

Next of kin?

☐ Yes  ☐ No

Do they have permission from you to ask questions about your Careline service?

☐ Yes  ☐ No

12. Reading and understanding documents

Do you have any difficulty reading or understanding documents?

☐ Yes  ☐ No
13. **Alternative formats**

Please tell us if you need us to communicate with you in a different way.

- Audio CD
- Audio tape
- Braille
- Different language
- Large print
- Sign language
- Not required

Other (please state):

......................................................................................................................
......................................................................................................................
......................................................................................................................
......................................................................................................................

13a. **If you want us to communicate with you in a different language, please state which language:**

......................................................................................................................
14. Privacy statement

We ensure that the information we hold about you is only used for limited purposes and only kept for as long as is necessary to provide you with services, deal with your tenancy, or to comply with our other statutory or regulatory obligations. We may need to share some information with third parties, such as local authorities, benefits departments, our repairs and maintenance contractors, social services, other social landlords and government departments as required, and the emergency services.

For full details please visit /www.sovereign.org.uk/navigation/privacy-policy/

15. Consent

I agree that Sovereign may use the information I have given on this form to help them improve services and for the purposes given in the privacy statement.

Name (please print):...........................................................................................................

Signature: ...........................................................................................................................

Date:.................................................................................................................................

Please return this form to:
Careline
Sovereign Housing Association, Berkshire House,
22-24 Bartholomew Street, Newbury RG14 5LL
**Careline**

Sovereign Housing Association Limited
Careline
Sovereign Housing Association
Berkshire House
22-24 Bartholomew Street
Newbury
RG14 5LL

01635 279505
careline@sovereign.org.uk

**Sovereign Head office**

Sovereign Housing Association Limited
Woodlands
90 Bartholomew Street
Newbury RG14 5EE

sovereign.org.uk
contact@sovereign.org.uk