**Technology Enabled Care - COMMUNITY ALARM - REFERRAL FORM**

|  |  |
| --- | --- |
| C:\Users\ogdej\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\IJB Logo.png | This form is to apply for a standard community alarm and pendant from East Lothian Telecare Service. Your representative can complete this form on your behalf if you prefer.  If you require other Telecare equipment for example a bed, chair, movement, smoke, heat, epilepsy, door, flood sensor this requires an assessment from a Health or Social care assessor. To request an assessment for Enhanced Telecare call 01875 824309. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Eligibility -** The applicant is likely to have a health problem and/or a disability OR the applicant is vulnerable and at risk? Ideally at least two local keyholders are required; if this is not possible an alarm can still be installed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*OFFICE USE ONLY\*** | | | | | | | | **TYPE OF REQUEST** | | | | | | | | | | | | | | | | | | | | | | **Once completed please send to : -**  **East Lothian Council Telecare Service, Adult Wellbeing,**  **Randall House, Macmerry Business Park,**  **Macmerry, East Lothian, EH33 1RW**  **Tel : 01875 824309**  **Fax : 01875 615327**  **Email :** [**telecare@eastlothian.gov.uk**](mailto:telecare@eastlothian.gov.uk) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date Received:** | |  | | | | | | * **Urgent** * **Routine** * **Hospital Discharge** | | | | | | | | | | | | | | | |  | | | | | |
| **Alarm Type:** | |  | | | | | |
| **Alarm ID:** | |  | | | | | | **Discharge Date :** | | | | | | | | | | | | | | | | | | | | | |
| **Alarm/ pendant Serial:** | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Section A – PERSONAL DETAILS (A)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1ST or sole Applicant (Please complete in BLOCK CAPITALS)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Surname:** | | |  | | | | | | | | | | | | | | **Forenames:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **Title:** | | | | | |  | | | | | |
| **Known as:** | | |  | | | | | | | | | | | | | | **Marital Status:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender:** | | |  | | | | | | | | | | | | | | **D.O.B.** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | |  | | | | | | | | | | | | | | | | | | | | **Post Code:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Landline Phone No:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Email address:** | | |  | | | | | | | | | | | | | | | | | | | | **Mobile No:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **2nd Applicant (if applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Surname:** | | |  | | | | | | | | | | | | | | **Forenames:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **Title:** | | | | | |  | | | | | |
| **Known as:** | | |  | | | | | | | | | | | | | | **Marital Status:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender:** | | |  | | | | | | | | | | | | | | **D.O.B.** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email address:** | | |  | | | | | | | | | | | | | | | | | | | | | | **Mobile No:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Section B – HEALTH INFORMATION (B)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **GP Practice:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | **Practice Address:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Name of GP:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone No.** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medical Information - Have you had or do you suffer from any medical conditions? Please tick any relevant medical conditions or health problems the alarm centre should know about below:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1st Applicant** | | | | | | | | | | | | | | | | | | | | **2nd Applicant (if applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * **Stroke** | | | | |  | * **High Blood Pressure** | | | | | | | | | |  | | | | * **Stroke** | | | | | | | | | | | | | |  | | | | * **High Blood Pressure** | | | | | | | | | | | | | | | | | |  | | |
| * **Epilepsy** | | | | |  | * **Heart Problems** | | | | | | | | | |  | | | | * **Epilepsy** | | | | | | | | | | | | | |  | | | | * **Heart Problems** | | | | | | | | | | | | | | | | | |  | | |
| * **Respiratory** | | | | |  | * **Diabetes –Type 1** | | | | | | | | | |  | | | | * **Respiratory** | | | | | | | | | | | | | |  | | | | * **Diabetes –Type 1** | | | | | | | | | | | | | | | | | |  | | |
| * **MS** | | | | |  | * **Diabetes –Type 2** | | | | | | | | | |  | | | | * **MS** | | | | | | | | | | | | | |  | | | | * **Diabetes –Type 2** | | | | | | | | | | | | | | | | | |  | | |
| * **Osteoporosis** | | | | |  | * **Difficulty Communicating** | | | | | | | | | |  | | | | * **Osteoporosis** | | | | | | | | | | | | | |  | | | | * **Difficulty Communicating** | | | | | | | | | | | | | | | | | |  | | |
| * **Arthritis** | | | | |  | * **Memory Problems** | | | | | | | | | |  | | | | * **Arthritis** | | | | | | | | | | | | | |  | | | | * **Memory Problems** | | | | | | | | | | | | | | | | | |  | | |
| * **Bariatric** | | | | |  | * **Anti-Coagulants (state):** | | | | | | | | | |  | | | | * **Bariatric** | | | | | | | | | | | | | |  | | | | * **Anti-Coagulants (state):** | | | | | | | | | | | | | | | | | |  | | |
| * **Falls** | | | | |  |  | | | | | | | | | |  | | | | * **Falls** | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | |  | | |
| * **Reduced Mobility** | | | | |  | * **Allergies (state):** | | | | | | | | | |  | | | | * **Reduced Mobility** | | | | | | | | | | | | | |  | | | | * **Allergies (state):** | | | | | | | | | | | | | | | | | |  | | |
| * **Impaired Balance** | | | | |  |  | | | | | | | | | | | | | | * **Impaired Balance** | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | |
| * **Visually Impaired** | | | | |  | |  |  | | --- | --- | | * **Cancer-Type:** |  | | | | | | | | | | |  | | | | * **Visually Impaired** | | | | | | | | | | | | | |  | | | | |  |  | | --- | --- | | * **Cancer-Type:** |  | | | | | | | | | | | | | | | | | | | |  | |
| * **Deaf/hard of hearing** | | | | |  | |  |  | | --- | --- | | * **Learning Disability** |  | | | | | | | | | | |  | | | | * **Deaf/hard of hearing** | | | | | | | | | | | | | |  | | | | |  |  | | --- | --- | | * **Learning Disability** |  | | | | | | | | | | | | | | | | | | | |  | |
| * **Other:** | | | | | | | | | | | | | | | | | | | | **Other:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section C – RESPONDER/ KEYHOLDER - CONTACT DETAILS**  **(for Community Alarm New Applicants)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| East Lothian Telecare Service relies heavily upon a network of local responders/ key holders, who will be able to respond within a reasonable timescale (30mins maximum) where possible. Please check they are agreeable first.  To support local key holders, East Lothian now has an Emergency Care Service with trained staff available 24/7 to assist with uninjured falls pick-up. They have access to suitable hoisting equipment. Local key-holders just need to press the RED button on the Community Alarm Unit and ask for assistance from the Emergency Care service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1St Responder – must be a key holder** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | | | | | | | | | | | | | | **Relationship:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** |  | | | | | | | | | | | | | | | | | | | | **Home Tel No:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mobile Tel No.** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Work Tel No.** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postcode:** |  | | | | | | | | | | | | | | | | | | | | **Email:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are they available to respond 24hrs?** | | | | | | | | | | **YES** | | |  | | **NO** | | | | | |  | | | | | | **Are they Next Of Kin (NOK)?** | | | | | | | | | | | | | **YES** | | | |  | | | | | | **NO** | | | |  | | | | |
| **If not, when NOT available:** | | | | | | | | | | | | | | | | | | | | | **Power of Attorney?** | | | | | | | | | | | | | | | | | | | **YES** | | | |  | | | | | **NO** | | | | |  | | | | |
| **2nd Responder – must be a key holder** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | | | | | | | | | | | | | | **Relationship:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** |  | | | | | | | | | | | | | | | | | | | | **Home Tel No:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mobile Tel No.** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Work Tel No.** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postcode:** |  | | | | | | | | | | | | | | | | | | | | **Email:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are they available to respond 24hrs?** | | | | | | | | | | **YES** | | |  | | **NO** | | | | | |  | | | | | | **Are they Next Of Kin (NOK)?** | | | | | | | | | | | | | **YES** | | | |  | | | | | | **NO** | | | |  | | | | |
| **If not, when NOT available:** | | | | | | | | | | | | | | | | | | | | | | **Power of Attorney?** | | | | | | | | | | | | | | | | | | **YES** | | | |  | | | | | | **NO** | | | | |  | | | |
| **3rd Responder – must be a key holder** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | | | | | | | | | | | | | | **Relationship:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** |  | | | | | | | | | | | | | | | | | | | | **Home Tel No:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mobile Tel No.** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Work Tel No.** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postcode:** |  | | | | | | | | | | | | | | | | | | | | **Email:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are they available to respond 24hrs?** | | | | | | | | | | **YES** | | |  | | **NO** | | | | | |  | | | | | | **Are they Next Of Kin (NOK)?** | | | | | | | | | | | | | **YES** | | | |  | | | | | | **NO** | | | |  | | | | |
| **If not, when NOT available:** | | | | | | | | | | | | | | | | | | | | | **Power of Attorney?** | | | | | | | | | | | | | | | | | | | | **YES** | | | |  | | | | | **NO** | | | | |  | | | |
| **Section D – ACCESS FOR RESPONDERS - Access details for responders/Key-safe details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is there an entry-phone?** | | | | | | | **YES** | | | |  | | | **NO** | | | | |  | | | | | | | **Is there a Key-safe?** | | | | | | | | | | | | | **YES** | | | |  | | | | | **NO** | | | |  | | | | | | |
| **Any other access requirements or if difficult property to find, please give details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section E – NOTIFICATION OF NEXT OF KIN OR NOMINATED OTHER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In the event of an emergency the call-operator can let a Next of Kin or ‘Nominated Other’ know what has happened and the outcome ***but*** only if the applicant (or their welfare Power of Attorney) has consented to this. Please give details if applicable: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Details of Next of Kin or Nominated Other (if applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | | | | | | | | | | | | | | **Relationship:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** |  | | | | | | | | | | | | | | | | | | | | **Home Tel No:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mobile Tel No.** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Work Tel No.** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postcode:** |  | | | | | | | | | | | | | | | | | | | | **Email:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section F – REASON FOR REFERRAL + BACKGROUND INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Background Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the applicant live alone?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | |  | | | | | **NO** | | | | | | |  |
| **If no, who else lives in household?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the applicant(s) able to understand and operate the equipment?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | |  | | | | | **NO** | | | | | | |  |
| **Special Rules -** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the applicant receiving a Palliative Care Package?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | |  | | | | | **NO** | | | | | | |  |
| **Is the applicant in receipt of a DS1500 form?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | |  | | | | | **NO** | | | | | | |  |
| **Is the applicant in receipt of a Care Package funded by East Lothian Council?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | |  | | | | | **NO** | | | | | | |  |
| **Is the applicant in receipt of a Privately funded care arrangement?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | |  | | | | | **NO** | | | | | | |  |
| **Has the applicant (or their Power of Attorney) consented to this referral being made?**  **SIGNED:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | |  | | | | | **NO** | | | | | | |  |
|  | | | |  | | | | |  | | | | | | |  |
| **Confirm the applicant advised regarding monitoring charge (Y/N)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | |  | | | | | **NO** | | | | | | |  |
| **Main Reason for referral – please choose one** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * **To enable an individual to remain at/return home** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | * **To improve safety/ reduce risk of harm** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| * **Carer support** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | * **To enable independence** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Other (Please specify):** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Section G - Property Tenure (tick)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * **East Lothian Council** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | * **Owner Occupier** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| * **Housing Association** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | * **Private Rent** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Name of Housing Association:** | | | | | | | | | | | | | | | | | | **Private Landlord’s Name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Property Type (Please tick)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * **Single Storey House** | | | | | | | | |  | | | * **Mainstream Housing**   **(this is a dwelling [owned/mortgaged/rented] which has not been adapted for special needs in any way)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| * **Two Storey House** | | | | | | | | |  | | | * **Supported Housing**   **(including Sheltered, Amenity or Supported Accommodation)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| * **Flat** | | | | | | | | |  | | | * **Other/ including adapted** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Please specify Flat floor:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section H – CONNECTION INFORMATION FOR COMMUNITY ALARM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the applicant have an existing landline telephone connection?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | |  | | | | | **NO** | | | | | | |  |
| **Please specify landline supplier:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If NO landline, will the applicant arrange this to allow equipment installation?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | |  | | | | | **NO** | | | | | | |  |
| **Does the applicant have a ‘call-blocker’ device or service in place?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | |  | | | | | **NO** | | | | | | |  |
| **Is there a broadband connection in the house?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | |  | | | | | **NO** | | | | | | |  |
| **Is the BT socket within 2m of a 13 amp electric socket without causing wires to trail dangerously on the floor?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | |  | | | | | **NO** | | | | | | |  |

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| **Section I – ACCESS FOR INSTALLATION** | | | | | | | | | | | | |
| **Arrangements for installation:** | | | | | | | | | | | | |
| **Phone applicant (tick)** | | |  | | | | **Phone other (tick)** | | | |  | |
| **If other, contact name:** | | |  | | | | **Relationship:** | | | |  | |
| **Contact number(s):** | |  | | | | | | | | | | |
| **Hazards for Installers:** | | | | | | | | | | | | |
| **Please note if there are any known potential problems the installer needs to be aware of** e.g. animals in the household, position of furniture that will present obstruction in carrying out installation, etc. : | | | | | | | | | | | | |
| **Section J - Form completed by:** | | | | | | | | | | | | |
| **Name:** |  | | | | | **Designation:** | | |  | | | |
| **Address:** |  | | | | | **Relationship:** | | |  | | | |
| **Mobile Tel No.** | | |  | | | |
| **Work Tel No.** | | |  | | | |
| **Postcode:** |  | | | | | **Email:** | | |  | | | |
| **Referred by (please tick)** | | | | | | | | | | | | |
| * **Self/Carer/Family** | | | |  | * **Intermediate Care** | | |  | | * **Social Work** | |  |
| * **Primary Care** | | | |  | * **Hospital** | | |  | | * **Housing** | |  |
| **Other (Please specify):** | | | | | | | | | | | | |

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| The Telecare team receives your referrals for Community Alarms and Telecare and does all installs/repairs/uplifts, etc.  Please email referrals.  **Email the Telecare Team:** [**telecare@eastlothian.gov.uk**](mailto:telecare@eastlothian.gov.uk)  If you need to speak to a member of the Telecare Team call the Community Access Team and ask to be put through to a team member: **Tel: 01875 824 309** |

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| --- | --- |
| **For office use only - Post Install / Additional Information** | |
| * **Include alternative invoicing arrangements if applicable.** |  |

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| **Section K - Applicant’s Ethnicity [for monitoring purposes only] (Please tick)** | | | | | |
| * **White Scottish** |  | * **Irish** |  | * **Asian/Asian Scottish/Asian British** |  |
| * **Other White British** |  | * **Mixed** |  | * **Black/Black Scottish/Black British** |  |
| * **Other White** |  | * **Not Known** |  | * **Not Disclosed** |  |
| * **Other Ethnic Group** |  |  | | | |
| **Section L - Applicant’s User Group [for monitoring purposes only] (Please tick)** | | | | | |
| * **Older People** |  | * **Learning Disability** |  | * **Vulnerable People** |  |
| * **Mental Health** |  | * **Physical Disability** |  | * **Other** |  |