

For Official Use Only

Date rec'd:

Ident:

PID:

## Application for Home Safety Service

**Please note:**

- A telephone landline is required to allow connection to Careline, your application can not be considered unless there is an active landline.
- The Telecare equipment will be supplied to you FREE of charge and this includes the follow up support from Home Safety Service staff.
- There is a charge of **£3.02 per week** for the 24 hour, 7 day per week link to Careline who monitor and access help for you when required with effect from 2<sup>nd</sup> April 2018.
- Home Safety Service is working in partnership with the Scottish Fire and Rescue Service. As part of our assessment process you will be contacted by a Community Fire Safety Officer who will arrange a time to visit you and carry out a free Home Fire Safety Visit.



**Data Protection**

West Lothian Council provides technology to support individuals to live independently at home. In order to provide this service the council needs to collect information about you and depending on the services and support you require, your family and other people involved.

All personal information is held and processed by West Lothian Council in accordance with Data Protection legislation. For more information, please refer to the 'Data Protection and GDPR' page of the council's website or request a copy of the privacy notice by telephoning 01506 284440.

<https://www.westlothian.gov.uk/dataprotectionandprivacy>

Personal Details				
	Title	First Name	Surname	Date of Birth
1				
	Email:			
2				
	Email:			
Address:				
Postcode:				
Home Phone No:			Phone Provider:	
Mobile Phone No(s):				
Give details of anyone you wish to be present at the assessment/installation:				

Property Details			
<b>Is your property:</b>	Owner occupier	WLC	Housing Association Private Rent
Landlord Name & Contact No:			
Bungalow	2 storey house	flat (upper or lower floor)	
Do you have a Keysafe?	Y / N	Location:	Keysafe No:
Does anyone else live at this address?		Yes No	<b>If yes, give details below:</b>
Name & Relationship		D.O.B	Medical Conditions

Medical Details				
Doctors Name: Address:				
Post Code			Phone No:	
<b>Please detail any medical conditions you have:</b>				
	Applicant 1	Applicant 2		Applicant 1 Applicant 2
<b>Cardio/Vascular</b>			<b>General Condition's</b>	
Heart condition			<b>Cancer:</b>	
Angina			Type	
Circulation problems			Currently having treatment	
High blood pressure			In remission	
			Cured	
<b>Respiratory</b>			Diabetes & Type	
Asthma			Epilepsy	
Bronchitis			Blood disorder	
Breathing difficulties			Arthritis	
Oxygen at home			Osteoporosis	
<b>Mind State</b>			Speech difficulties	
Poor concentration			Allergies	
Learning difficulties			Stroke/TIA	
Memory loss			<b>Sensory</b>	
Anxiety			Blind/Partially sighted	
Mental health problems			Profoundly deaf/partial hearing	
<b>Mobility</b>			Hearing aid	
History of falls			Aids used:	
Details (recently/frequency)				
Recent decline in mobility				
Do any of the above conditions require immediate assistance in an emergency?				
<b>Is this referral to support 'end of life' care?</b> Give details:				Y / N

<p>Please list any other medical conditions you have or give additional details on conditions above.</p>	
<p>Please detail any risks or other issues:</p>	
<p>Do you regularly attend any clubs/groups?</p>	
<p>Please detail any packages of care you have?</p> <p>Include the agency name and times of day they attend.</p>	
<p>Are there any family/religious/cultural issues that we should be aware of?</p>	

## Keyholder's

We require contact details of at least one key holder. A key holder may be contacted at any time of the day or night by Careline to assist you in an emergency or to relay important information regarding your welfare or whereabouts. Key holders can be family members, neighbours or friends and should ideally be able to attend (if required) within a recommended 45 minute maximum response time. Key holder's may be called at your request or if there is any alert from a Telecare sensor and you do not confirm all is well.

Should your key holder contact details change or if, for any reason, a key holder is unable to help for a period of time, such as holiday's, sickness etc., Careline must be advised of these changes immediately and, where necessary, of any temporary contact arrangements.

Please note – **BEFORE** completing the keyholder details below, you **MUST**:

- have gained the keyholder's consent to provide their details,
- advise the keyholder they will be contacted by Careline to introduce themselves either via phone or email.

Name	Address (including Postcode)	Telephone no.		Relationship
NOK -		Home		Keyholder Y / N
		Work		
		Mobile		
Email:				
		Home		Keyholder Y / N
		Work		
		Mobile		
Email:				
		Home		Keyholder Y / N
		Work		
		Mobile		
Email:				
		Home		Keyholder Y / N
		Work		
		Mobile		
Email:				
		Home		Keyholder Y / N
		Work		
		Mobile		
Email:				

**Continue on a separate sheet if necessary.**

### Consent

<b>I/we consent to the following:</b>	<b>Y / N</b>
<ul style="list-style-type: none"> <li>Home Safety Service will contact me to carry out an assessment of needs and install Telecare equipment as deemed necessary.</li> </ul>	<b>Y / N</b>
<ul style="list-style-type: none"> <li>The equipment remains the <b>property of the Council</b> and can be removed at the Councils discretion and must be returned to the Council when I/we no longer require it.</li> </ul>	<b>Y / N</b>
<ul style="list-style-type: none"> <li>In an emergency situation, should it be deemed necessary to force entry to my home, I/we will not hold the Council liable for securing the property and any damages incurred.</li> </ul>	<b>Y / N</b>
<ul style="list-style-type: none"> <li>There will be a charge of <b>£3.02</b> per week for the 24 hour, 7 day per week link to Careline.</li> </ul>	<b>Y / N</b>
<ul style="list-style-type: none"> <li>I/we agree to WLC passing my contact details to The Scottish Fire &amp; Rescue Service who will contact me to carry out a free Home Fire Safety Visit.</li> </ul>	<b>Y / N</b>



### If you are in agreement with the above, please sign and date below.

<b>Applicant 1 Name:</b>	Date:
Signature:	
<b>Applicant 2 Name:</b>	Date:
Signature:	

**If someone other than the applicant has completed this form, they must complete the section below:**

Are there any known risks to visiting staff? (if yes, give details)	Y / N
Are there any issues regarding cognitive function or mental health (if yes, give details)	Y / N
Does anyone have Power of Attorney/Guardianship for the applicant? (if yes, give details)	Y / N
Reason for referral:	

<b>Is the applicant aware with this referral?</b>	Y / N
<b>Have you indicated which items the applicant is giving consent to in the 'Consent' section of the application form?</b>	Y / N

<b>Referrer Name:</b>	<b>Tel No:</b>
<b>Referrer Signature:</b>	<b>Date:</b>
Please indicate your relationship to the applicant:	

<b>Returning the completed form</b>	
Completed application forms and Direct Debit mandates should be returned as below:	
<b>By Post:</b>	Home Safety Service Support at Home Services Strathbrock Partnership Centre Broxburn, EH52 5LH
<b>By Email:</b>	<a href="mailto:supportathomeservices@westlothian.gov.uk">supportathomeservices@westlothian.gov.uk</a>
<b>If you would like to discuss the service/application form, please contact us:</b>	Telephone – 01506 284440 (select option 1) Monday – Thursday – 8.30am – 5.00 Friday – 8.30-16.00

## Payment

**How would you prefer to pay?** (Please tick) The easiest way to pay is by Direct Debit, if you wish to pay by this method, you must also complete a Direct Debit mandate supplied by Home Safety Service.

Monthly Direct Debit	<input type="checkbox"/>	Annual invoice	<input type="checkbox"/>
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## Applicant Details

Name:

Address:

Post Code:

Contact Tel No:

Email Address:

## Invoice and Billing Details (if different from applicant)

Name:

Address:

Post Code:

Contact Tel No(s):

Email Address:

## Declaration

**I/we declare that I am aware that the Telecare equipment is provide to me free of charge and this includes the support of the Home Safety Service staff.**

**I/we also declare that I have been made aware of the following:**

- There will be a charge of **£3.02** per week which is for the 24 hour a day, 7 day per week monitoring link to West Lothian Careline who will monitor and access help for me should the need arise.
- I/we will be invoiced annually, in advance. You may opt to pay by Direct Debit and this would be by monthly instalments by completing a Direct Debit mandate.
- Late or missed payments may be passed to an external collections agency.
- The weekly charge will still apply if I/we are away from home for any length of time i.e. in hospital/on holiday as the Telecare equipment & Careline will still be 'monitoring' the property.

Applicant Name:	Date:
Signature:	

HSS Support Worker Name:	Date:
Signature:	

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Service commencement date:	
Ident:	PID(s):

