

# Careline Service Application Form

Please complete this form in full so that we can process your application for the Careline service. If there is more than one person requiring the service, please complete a separate form.



## Careline applicant details:

Title:  Surname: First name(s): Address:  Postcode: Telephone:  Date of birth: Email address: Does anyone else who lives at this property with you require the use of the Careline Service? Yes:  No: 

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## Next of kin details:

Title:  Name: Address: Telephone: Relationship to applicant: Will you also be a responder? Yes:  No: 

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## If you are filling in this form on behalf of someone else, please give your details below:

Title:  Name: Telephone: Relationship to applicant: 

**If you are a professional making this referral, please contact us on 0121 303 4205 if you have identified any risks.**

**Careline applicant details:** *(continued...)*

**Preferred language:** *(Please tick)*

English:	<input type="checkbox"/>	Punjabi:	<input type="checkbox"/>	Urdu:	<input type="checkbox"/>	Pushto:	<input type="checkbox"/>	Chinese:	<input type="checkbox"/>
Vietnamese:	<input type="checkbox"/>	Gujarati:	<input type="checkbox"/>	Bengali:	<input type="checkbox"/>	Arabic:	<input type="checkbox"/>	Somali:	<input type="checkbox"/>
Other:	<input type="text"/>								

Medical conditions:

Doctor's name:

Doctor's address:

Doctor's telephone:

**Your installation:**

Who should we contact to arrange to install the equipment?

Applicant:       Emergency contact:       Other – please give details below:

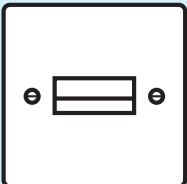
Name:       Telephone:

Please be aware there is a small weekly charge for the Careline service.  
Please contact Careline for details.

**Your property:**

There must be a phone socket no more than two metres (6ft 6") away from a vacant 13-amp electricity socket. It can't be on opposite walls, each side of a doorway, fireplace or where trailing wires could cause a hazard. The alarm needs a permanent connection to the phone line and electrical socket, ideally the primary telephone socket. This will not affect the use of your telephone.

**Does the property have these?** *(Please tick)*

	Yes: <input type="checkbox"/>		Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>		No: <input type="checkbox"/>

**Is the property:** *(Please tick one box)*

Privately owned?	<input type="checkbox"/>	A housing association property?	<input type="checkbox"/>
Council owned?	<input type="checkbox"/>	Owned by a private landlord?	<input type="checkbox"/>

**Who is your telephone line provider?** *(Please tick)*

Sky:       Skype:       BT:       Virgin Media:       Talk Talk:       Post Office:

Other (please specify):

**Emergency contacts:**

We need details of two people who could help you in an emergency and who we could speak to on your behalf. They should live locally and have a telephone as well as access to a key to your property. If you do not have anyone who could be your contact, please call us on **0121 303 4205**.

**First emergency contact details:**

Title:	<input type="text"/>	Surname:	<input type="text"/>
First name(s):	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Telephone (Home):	<input type="text"/>		
Telephone (Work):	<input type="text"/>		
Telephone (Mobile):	<input type="text"/>		
Date of birth:	<input type="text"/>	Email address:	<input type="text"/>
Relationship to applicant:	<input type="text"/>		
Do they hold a key to your home?	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>

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**Second emergency contact details:**

Title:	<input type="text"/>	Surname:	<input type="text"/>
First name(s):	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Telephone (Home):	<input type="text"/>		
Telephone (Work):	<input type="text"/>		
Telephone (Mobile):	<input type="text"/>		
Date of birth:	<input type="text"/>	Email address:	<input type="text"/>
Relationship to applicant:	<input type="text"/>		
Do they hold a key to your home?	Yes:	<input type="checkbox"/>	No: <input type="checkbox"/>

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**Completed by:**

Name:	<input type="text"/>	Signature:	<input type="text"/>
Date:	<input type="text"/>		

**Disclaimer: Customer is responsible for gaining consent from emergency responders.**

**If you would like this form in large print, please call 0121 303 4205 or 0121 303 3826. For minicom users, our number is 0121 303 2551.**

**Privacy statement:** Any information you have provided to us is confidential and subject to the requirements of the Data Protection Act 2018.

This personal data will be held and processed by Birmingham City Council for the purpose(s) of providing the Careline Service. For further information about how Birmingham City Council processes your personal data, please visit [www.birmingham.gov.uk/privacy](http://www.birmingham.gov.uk/privacy). Please note that any medical information you provide will only be used in accordance with Article 9 (c) of the Data Protection Act 2018, to assist in emergencies.