

# Care Ring Alarm Service Application Form

Please complete the green sections numbered 1 to 5  
 If you need help or advice, or would like to discuss your application with a member of the Care Ring Team please  
 Telephone **01132 243485**



Return To: Care Ring, Evolution House, Springwell Road, Leeds LS12 1AW Fax. 01132 243483

Care Ring Use Only				
ID		Alarm Unit situated		
Equipment Type		Telephones Situated		
Serial No		Pets		
Date Service Commenced		Key Safe Code/Situated		

1. Your Personal Details				
Title		DOB/AGE	/	/
Surname		Religion		
Forenames		Gender	Female Male	Sexuality
Address		Telephone Number		
		Post Code		
Divorced		Married	Single	Widowed
Nationality		Ethnic Origin	1st language	Widower
Interpreter Required?	Yes	No	Sleeps	Upstairs Same Level

2. Second Applicant				
Title		DOB/AGE		
Surname		Religion		
Forenames		Gender	Female Male	Sexuality
Nationality		Ethnic Origin	1st Language	

3. Briefly list your health problems (including any recent accidents or falls) and why you require the Care Ring Service.				

Would you like Smoke detectors connected to your alarm to alert our response centre of a possible fire.				
Yes		No		
Doctor		Surgery address		Postcode
			Telephone	

4.. Property Details							
Detached	Semi	Bedsit	Townhouse	Flat, High Rise	Flat, Low Rise	Back to Back	Through Terraced
Do you have a modern BT/Cable phone socket in your home?						YES	NO
Do you have an available 13 amp electrical socket within 10ft of your telephone Socket? Or accessible using extension leads without crossing doorways, walkways or fireplace.						YES	NO
Do you use the internet in your property?		Dial up		Broadband		None	
Is your property:		Owner occupied	Council rented	Private rented		Sheltered	

**5. Emergency Contacts / Callouts**

Applicants must provide below the names, addresses and telephone numbers of **at least** two people who can be contacted, should assistance be required in an emergency. These people must be of reasonable age and able to respond to an emergency at your property – day or night. They **must** hold keys to your property and live at separate addresses, within 45 minutes travelling distance of your property (as a maximum), by whatever form of transport used.

Contact 1				Telephone Numbers
Name			Home	
Address			Work	
			Mobile 1	
Post Code			Mobile 2	
Relationship		Holds key for Doors at the Front Side Back	Keyholder Checked	
Contact 2				Telephone Numbers
Name			Home	
Address			Work	
			Mobile 1	
Post code			Mobile 2	
Relationship		Holds key for Doors at the Front Side Back	Keyholder checked	
Contact 3				Telephone Numbers
Name			Home	
Address			Work	
			Mobile 1	
Post Code			Mobile 2	
Relationship		Holds key for Doors at the Front Side Back	Keyholder Checked	

**Please give details of anyone you wish to be present at the time of installation and who we need to contact to arrange the installation date with.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_



Frequency of Care/Support Received	Mon a.m.	p.m.	Tues a.m.	p.m.	Weds a.m.	p.m.	Thur a.m.	p.m.	Fri a.m.	p.m.	Sat a.m.	p.m.	Sun a.m.	p.m.
Family and Friends														
Homecare Social Servs														
Private Help														
Nurse/CPN														
Meals/Frozen Dinners														
Day Centre														
Regular Days Out														

Additional Contact	Name	Contact Telephone Number
Homecare		
Nurse/CPN		
Day Centre		
Main Carer		

**Other relevant information**

Property Characteristics			
Dwelling Type	Detached Semi Bedsit Townhouse	Flat (High Rise) Flat (Low Rise) Back to Back Through Terraced	Bungalow No of Bedrooms No of Reception Rooms Ground Floor Used Only
Tenure	Sheltered Accommodation Local Authority HA Rented	Private Rented Owner Occupied Leasehold	Other
Adaptations	Grab Rails Stair Lift Through Floor Lift	Ramped Access Bath Hoist G/Floor Bath/Shower	Ground Floor Toilet Walk in Shower Adaptations under way
Security	Door Entry System Additional Door Locks Window Locks	Security Lights Burglar Alarm Smoke Detectors	Door Chain Other
<b>Installed By:</b>		<b>Input on PNC5 By:</b>	