

COMMUNITY ALARM REQUEST

Service User Name		DOB	
Address			Tel No.
			Male/Female (Cross out as appropriate)
Postcode		CM2000 Number	
GP Name and Practice			GP Tel No.

Other residents living at above address:				
Name		Relationship to Applicant		DOB
Name		Relationship to Applicant		DOB
Name		Relationship to Applicant		DOB

Nominated Person to be contacted in an emergency :			
Name & Address			Tel No

Type of House eg semi/terraced _____ Number of bedrooms _____

Tenure of House: eg Owner Occupier. Council House. Privately Rented _____

Is there a key safe fitted? Yes/No _____ Name of Care Provider: _____

Is there a modern working BT socket? Yes/No _____ Name of Telephone Provider? _____

Is there a 13amp socket within 1.5m (5 ft) of the telephone which could be reached without crossing a doorway? Yes/No _____

Are there any problems/hazards relating to access?

1 Responder Details

Complete the following responder details. If service user has no responders contact Community Alarm Team to discuss.

Contact 1

Name _____
Address _____
Postcode _____ Relationship to Service User _____
Telephone Numbers
Home _____ Work _____ Mobile _____

Contact 2

Name _____
Address _____
Postcode _____ Relationship to Service User _____
Telephone Numbers
Home _____ Work _____ Mobile _____

Contact 3

Name _____
Address _____
Postcode _____ Relationship to Service User _____
Telephone Numbers
Home _____ Work _____ Mobile _____

Contact 4 (Optional)

Name _____
Address _____
Postcode _____ Relationship to Service User _____
Telephone Numbers
Home _____ Work _____ Mobile _____

2 Are the above people aware that you have nominated them as responders? Yes/No

Note: Your chosen responders will be contacted to confirm they have a key to your house and are willing to be a contact. The alarm unit will not be installed until all responders have confirmed.

3 Disability/Health/Medical Notes

Please give a brief description of how your disability/health affects you:

4 Give reasons why Community Alarm is required.

5 What outcomes do you hope to achieve through the installation of a Community Alarm?

6 Is Community Alarm to facilitate discharge back to home?

***Yes/No**

* If Yes – state date of discharge (if known)? _____

7 Is applicant aware of the community alarm charge?

***Yes/No**

8 Additional or Other Relevant Information

9 Contact details of person to arrange installation/allow access (if not applicant)

Name _____ Relationship to Client _____

Contact Telephone Numbers:

Home _____ Work _____ Mobile _____

TERMS AND CONDITIONS FOR THE SUPPLY OF TELECARE EQUIPMENT

Bon Accord Care will accept no responsibility for faults arising from misuse of community alarm equipment (for example – dropping, insertion of foreign objects, liquid damage or forced opening).

It is the responsibility of the service user or nominated person signing below to ensure that all faults, concerns or operational issues are reported immediately to the Community Alarm Telecare Service. It is also the responsibility of the service user or nominated person signing below to advise the Community Alarm Telecare Service when the equipment is no longer required, and to make arrangements to return the equipment to the service.

By signing this form I accept the terms and conditions detailed. I will also contact the Community Alarm Telecare service if any concerns or operational issues are identified or if the equipment is no longer required.

SERVICE USER

SIGNATURE

DATE

OR SIGNED ON BEHALF OF
SERVICE USER

PRINT NAME

DATA PROTECTION

The information on this form is recorded manually and on computer, stored securely and processed for the purposes of providing you with a community alarm service. Bon Accord Care will process your information fairly and lawfully and in accordance with the principles of the Data Protection Act 1998. The information on this form may be used to contact you again for review of community alarm services. The information on this form will only be shared with professionals in the agencies involved in your care. This may involve Local Authority services such as Education, Social Work and Housing, Healthcare professions, voluntary and private agencies and Grampian Police as appropriate. By signing this form, you are agreeing to this information being shared with these agencies.

For the purposes of processing your personal information, Aberdeen City Council (ACC) is the Data Controller. The nominated representative of the Data Controller is the City Solicitor. You have a right to obtain details of the personal information, which ACC holds about you. Such a request should be made in writing to Director of Social Care and Wellbeing, Aberdeen City Council, Business Hub 12, 2nd Floor West, Marischal College, Broad Street, Aberdeen AB10 1AB.

SERVICE USER

SIGNATURE

DATE

OR SIGNED ON BEHALF OF
SERVICE USER

PRINT NAME

Requisitioners Name	e-mail Address	Designation	Contact No

Signature _____

Date _____

Once completed, return to Community Alarm Team, Community Equipment Service, Units 3/4
Whitemyres Avenue, Aberdeen, AB16 6HQ – Telephone: 788616

e-mail – communityalarm@bonaccordcare.org