

# BASILDON DISTRICT COUNCIL

## APPLICATION FOR CARELINE ALARM

PLEASE USE BLOCK CAPITALS

### Resident One

Title

First Name

Surname

Date of Birth

Address

Post Code

Phone

Religion

Medical Details

### Resident Two

Title

First Name

Surname

Date of Birth

Medical Details

Religion

**Doctor:** Name

Address

Phone

Directions to Site:

Carers:

Notes:

Alarm required

Alarm with integral phone

Basic alarm no phone

Service required

Monitoring & response  
Basildon District only

Monitoring only

I have a telephone socket

Yes

No

I have a spare electric socket nearby

Yes

No

I have three key holders

Yes

No

Animals on site?

Yes

No

Where did you hear about the Careline Service:

Signed:

Date:

**THIS INFORMATION IS COVERED BY THE 1998 DATA PROTECTION ACT**

Please Turn Over

**ALL KEYHOLDERS MUST LIVE NEARBY AND MAY BE CALLED ANY TIME DAY OR NIGHT.  
FOR THIS REASON DO NOT ASK ELDERLY OR FRAIL PERSONS TO ACT AS KEYHOLDERS**

**Contact 1**

Name

Address

Home Phone

Work

Mobile

Relationship

Keyholder?

Yes

No

**Contact 2**

Name

Address

Home Phone

Work

Mobile

Relationship

Keyholder?

Yes

No

**Contact 3**

Name

Address

Home Phone

Work

Mobile

Relationship

Keyholder?

Yes

No

Key Location

Key Safe Location

Key Safe Code Number

**FOR CARELINE USE ONLY**

Unit No

Serial No

**Quarterly Invoice**

Yes

No

Invoice Address

Post Code

**Direct Debit**

Yes

No