



Providing you and  
your family with  
**INDEPENDENCE,**  
**SECURITY** and  
**PEACE OF MIND**

Careline  
application  
form



# Careline

We can provide Careline equipment and monitoring services 24 hours a day, 365 days a year.

Price: .....

## 1. Which services are you applying for?

## 2. Your contact details

Name(s):

Address:

Postcode:

Email:

Phone number:

Date of birth:

## 3. Your Doctor's details

Doctor's name:

Surgery address:

Surgery phone number:

**4. Please tell us about any medical conditions or disabilities that we might need to be aware of**

**4a. Please give more details of any medical condition or disability mentioned above.**

**5. Are there any other circumstances that you think we should be aware of when we contact or visit you? (For example, if it takes you a long time to get to the door.)**

## **6. Care details**

Care company:

Care manager's name (if you have one):

Care manager's phone number:

**If you have visits from a care team or carer, please tell us the following.**

Name of agency providing care:

Phone number of agency:

When and how often they visit:

## **7. Do you have any pets?**

If 'yes', please give details.

## **8. Who provides your telephone line (such as BT or TalkTalk)?**

## **9. If you have a phone, does it have an answering service (such as 1471, 1571 or Talk Talk)?**

## 10. Do you have a key safe?

If yes please tell us your code:

And where it is placed:

## 11. Contacts

If you are applying for the help alarm only, please give details of at least two people who live near you. These people will act as 'key holders' for your home and we will contact them if you need help, day or night, seven days a week.

### Person one

Name:

Relationship to you:

Address:

Home phone number:

Work phone number:

Mobile phone number:

Do they have a key to your home?

Next of kin?

Do they have permission from you to ask questions about your Careline service?

## Person two

Name:

Relationship to you:

Address:

Home phone number:

Work phone number:

Mobile phone number:

Do they have a key to your home?

Next of kin?

Do they have permission from you to ask questions about your Careline service?

## Person three

Name:

Relationship to you:

Address:

Home phone number:

Work phone number:

Mobile phone number

Do they have a key to your home?

Next of kin?

Do they have permission from you to ask questions about your Careline service?



## **12. Reading and understanding documents**

Do you have any difficulty reading or understanding documents?

## **13. Alternative formats**

Please tell us if you need us to communicate with you in a different way.

Other (please state):

**13a. If you want us to communicate with you in a different language, please state which language:**

**14. Finally - If there is anything else you think we should know, please add details:**

## 15. Privacy statement

Under the Data Protection Act 1998, Sovereign Housing Association Limited may share your information with other housing associations, housing providers, Government agencies and other third parties for the purposes of provide housing and related services, managing properties, handling claims and preventing fraud.

## 16. Consent

I agree that Sovereign may use the information I have given on this form to help them improve services and for the purposes given in the privacy statement.

Name (please print):

Signature:.....

Date:.....

### **Please return this form to:**

Careline  
Sovereign Housing Association  
Berkshire House,  
22-24 Bartholomew Street  
Newbury  
RG14 5LL





## Careline

### **Sovereign Housing Association Limited**

Careline

Sovereign Housing Association

Berkshire House

22-24 Bartholomew Street

Newbury

RG14 5LL

01635 279505

[careline@sovereign.org.uk](mailto:careline@sovereign.org.uk)

## Sovereign Head office

### **Sovereign Housing Association Limited**

Sovereign House

Basing View, Basingstoke

Hampshire, RG21 4FA

[sovereign.org.uk](http://sovereign.org.uk)

[contact@sovereign.org.uk](mailto:contact@sovereign.org.uk)