

## Telecare Lifeline Application Form

Customer 1 Details	
Name:	Contact telephone number:
Address:	
(Include	Date of birth:
postcode)	
	Relevant medical conditions:
Customer 2 Details	
Name:	Relevant medical conditions:
Date of	
birth:	
GP Details	
GP name:	Surgery phone number:
Surgery	
name and address:	
Do you use a key safe? Yes No No	
If Yes, number and location:	
Do you have at least two local persons available to attend in an emergency (family, friends, neighbours)?	
Yes No No	
If No, our partner, the Wellbeing Response Service, is necessary at an additional charge. This requires a key safe.	
If Yes, please list contact(s) overleaf.	Continued overleaf

**SUPPLIER USE ONLY** 

Alarm ID:

Asset ID:

Contact 1		
Name:	Landline number:	
Address:	Mobile number:	
	Relationship:	
	Do they have a key? Yes No	
Contact 2		
Name:	Landline number:	
Address:	Mobile number:	
	Relationship:	
	Do they have a key? Yes No	
If more emergency contacts are required, please contact	us and we will add them on to your account.	
Preferred equipment checklist:		
Unit and Pendant (Digital)		
Signature:		
Please send completed applications to: Lifelines, The HUB, Mareham Road, Horncastle,		
Lincolnshire, LN9 6BW or email telecare@pspsl.co.uk  An installer will be in touch to arrange an appointment.		

## **Privacy Information**

In completing this form you are submitting your personal data to Public Sector Partnership Services Ltd (PSPS) to allow us to provide a Telecare-Lifeline service to you. We will share this personal data with our monitoring provider and partner, Lincare, to allow them to provide that element of support to you. We will not share your data with any other partner or organisation unless there is a legal requirement on us to do so.

To see full details on the information we collect and process, and your rights as a data subject, please go our website or ask one of our team to help you.