



Telecare Lifeline Application Form

Customer 1 Details

Name:

Address:
(Include
postcode)

Contact telephone number:

Date of birth:

Relevant medical conditions:

Customer 2 Details

Name:

Date of birth:

Relevant medical conditions:

GP Details

GP name:

Surgery name and address:

Surgery phone number:

Do you use a key safe? Yes No

If Yes, number and location:

Do you have at least one local person available to attend in an emergency (family, friends, neighbours)?

Yes 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:

Address:

Landline number:

Mobile number:

Relationship:

Do they have a key? Yes No

Contact 2

Name:

Address:

Landline number:

Mobile number:

Relationship:

Do they have a key? Yes No

Contact 3

Name:

Address:

Landline number:

Mobile number:

Relationship:

Do they have a key? Yes No

Please send completed applications to: Lifelines, Tedder Hall, Manby Park, Manby, Lincolnshire LN11 8UP
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.

Working in partnership with

