Telecare Cardiff
APPLICATION FORM

Telecare Cardiff
Response and Warden Service

CARDIFF
CAERDYDD

Thank you for choosing Telecare Cardiff

Please complete the following details as accurately as possible, if you require assistance, please ring 029 2053 7080. This form is available in Welsh - Mae'r ffurflen hon ar gael yn Gymraeg.

1st APPLICANT

Mr, Mrs, Ms, Miss, Other		Known as	
First name		Surname	
Address			
		Post code	
Home tel No		Mobile tel No	
What is your preferred language?		Date of birth	
What is your first language?		Religion	
What language would you like to receive correspondence in?			
Name of telephone service provider: e.g. BT			
Which level of service is required?	Contact Only		Mobile Response
Email Address			
Would you like information in large print or braille?	Yes		No
Are you or the second applicant in receipt of benefits?	Yes		No
If so, what benefits do you receive?			

2nd APPLICANT

Mr, Mrs, Ms, Miss, Other		Known as	
First name		Surname	
Date of birth		Relationship	
Email Address		Mobile tel No	

PLEASE TURN OVER

1st APPLICANT - MEDICAL DETAILS

Doctors name/Surgery			
Address		Post code	
Telephone No		OOH Tel No	

2nd APPLICANT - MEDICAL DETAILS

Doctors name/Surgery			
Address		Post code	
Telephone No		OOH Tel No	

MEDICAL CONDITIONS (1st and 2nd Application Details)

To help us to provide a quality service, please provide details of any Medical Conditions so that we can make sure you and the 2nd applicant receive the support you need.

Cardio Vascular	1st	2nd		1st	2nd		1st	2nd
Heart Condition			Angina			Circulation problems		
High blood pressure			Low blood pressure			Stroke		
Medical Conditions	**1st**	**2nd**		**1st**	**2nd**		**1st**	**2nd**
Cancer			Diabetes			Epilepsy		
Blood disorders			Arthritis			Osteoporosis		
Respiratory	**1st**	**2nd**		**1st**	**2nd**		**1st**	**2nd**
Asthma			Breathing difficulties			Bronchitis		
Oxygen at home								
Sensory	**1st**	**2nd**		**1st**	**2nd**		**1st**	**2nd**
Blind			Partially sighted			Profoundly deaf		
Hearing aid			Mute			Hard of hearing		
Poor concentration			Learning difficulties			Memory loss		
Anxiety			Speech difficulties					
Cardio Vascular	**1st**	**2nd**		**1st**	**2nd**		**1st**	**2nd**
History of falls			Poor mobility			Aids used		

Other please specify	
Prescriptions	Please tell us about any prescriptions that you take, e.g. warfarin.

1st _____ 2nd _____

VISITOR DETAIL

Please provide details of regular home visits or services received e.g. Nurse, Home care.

Visitor type		Tel No	
Name			

NEXT OF KIN/KEY HOLDER DETAILS

Please provide details of key holders and/or contacts who we can call on your behalf in the event of an emergency call.

Mr, Mrs, Ms, Miss, Other		Relationship		Date of Birth			
First name		Surname					
Address							
Home tel No		Post code					
Mobile tel No		Work tel No					
Preferred/ First language		**Key Holder?**	Yes		No		

NEXT OF KIN/KEY HOLDER DETAILS

Please provide details of key holders and/or contacts who we can call on your behalf in the event of an emergency call.

Mr, Mrs, Ms, Miss, Other		Relationship		Date of Birth			
First name		Surname					
Address							
Home tel No		Post code					
Mobile tel No		Work tel No					
Preferred/ First language		**Key Holder?**	Yes		No		

NEXT OF KIN/KEY HOLDER DETAILS

Please provide details of key holders and/or contacts who we can call on your behalf in the event of an emergency call.

Mr, Mrs, Ms, Miss, Other		Relationship		Date of Birth			
First name		Surname					
Address							
Home tel No		Post code					
Mobile tel No		Work tel No					
Preferred/ First language		**Key Holder?**	Yes		No		

PLEASE TURN OVER

PACKAGES

In order for us to create a bespoke Telecare package, please select any risks that are applicable to both you and the second applicant.

Falls	1st	2nd	Possible Solutions
Recent history of falls?			• Bed Occupancy Sensor • Chair Occupancy Sensor • Pendant • iVi Fall Detector (neck worn) • Vibby Fall Detector (wrist worn) • Movement Sensors
Lost confidence following a fall?			
Day time falls?			
Night time falls?			
Falls as a result of poor lighting?			
Loss of consciousness following a fall?			

Purposeful Walking (wandering)	1st	2nd	Possible Solutions
Day time?			• Property Exit Sensor • Bed Occupancy Sensor • Chair Occupancy Sensor • Archie GPS Device • Voice Reminder
Night time?			
Within the home?			
Outside the home?			
Unable to find their way home?			

Inactivity	1st	2nd	Possible Solutions
Unable to transfer from bed safely?			• Bed Occupancy Sensor • Chair Occupancy Sensor • Vibby Fall Detector
Is there a risk that the user will not get out of bed at all?			

Safety and Security	1st	2nd	Possible Solutions
Leaves the property insecure?			• Bogus Caller Button • Property Exit Sensor • Voice Reminders • Minuet Watch (silent tones)
Allows strangers into property?			
Has been a victim of domestic violence?			

SAFETY AND SECURITY

Fire	1st	2nd	Possible Solutions
Is a smoker?			• Smoke Detector • Heat Detector • Natural Gas Detector • Temperature Extreme Sensor • Natural Gas Detector
Inappropriate use of appliances?			
Saucepans left on to boil dry?			
Gas cooker?			
Mobility Issues?			

Flood	1st	2nd	Possible Solutions
Does not remember to turn the taps off?			• Flood Detector
At risk of scalding?			

Carbon Monoxide	1st	2nd	Possible Solutions
Has an old boiler with no record of recent service?			• CO Detector
Has an open wood burning fire?			
History of CO poisoning?			

Unlit Gas	1st	2nd	Possible Solutions
History of leaving gas unlit?			• Natural Gas Detector
Gas cooker/fire in situ?			

Extreme Temperatures	1st	2nd	Possible Solutions
Inappropriate use of heating?			• Temperature Extreme Sensor
Has a respiratory condition?			
Has a heart condition?			

Alerting Carers (if applicable)	1st	2nd	Possible Solutions
Does the person(s) live alone?			• Care Assist Pager
Is there a Carer on site?			
Is there stress placed on the Carer?			
Is the Carer having sleepless nights?			
Does the service user need to be monitored when the Carer leaves the property?			

OUTCOMES

Anticipated Outcomes	Primary Outcome 1st	Primary Outcome 2nd	Secondary Outcome	Secondary Outcome 1st	Secondary Outcome 2nd	
Reduction in falls						
Supporting independent living						
Safer living at home						
Reduce dependency on family						
Reduce dependency on carers						
Prevent hospital admission						

PROPERTY INFORMATION

Do you have a key safe?	Yes		No			
Type of property?	House		Bungalow		Flat	
Property is?	Owner Occupied		Council Rented		Private Rented	
	Housing Rented		Other			
Do you have a pet living in the property?	Yes		No			
	If Yes, please state:					
Do you have a working telephone line?	Yes		No			
Do you have a working electric plug socket close to your telephone line (within 1 metre)?	Yes		No			

FURTHER INFORMATION

How did you hear about Telecare Cardiff?						
	Friend/Neighbour		Hospital		Website	
	GP Surgery		Newspaper		Other	
	If other, please specify:					

Is there any additional information that you would like to tell us?

AUTHORISATION

I / We authorise the information to be used on my behalf in connection with the monitoring, and when applicable the Mobile Warden Response Service.

Clients signature		Dated	
Or Signed on behalf of Client by			
*Social Worker/Case Worker name?			
*Social Worker/Case Worker team?			

* If applicable

Please note: In the interest of both parties, all calls to the Control Centre will be recorded. This is to enable us to deal with any queries or complaints which may arise as efficiently as possible.

Data Protection: The information you have provided to Telecare Cardiff will be treated as confidential but may be shared with other Council Services if required by law and with the requirements of the Data Protection Act 2018. For further information on how the Council process your personal information in line with Data Protection Law, see our full Privacy Policy on the Council's website www.cardiff.gov.uk/ENG/Home/New_Disclaimer/Pages/default.aspx - If you wish to withdraw your consent please contact telecare@cardiff.gov.uk and we will act upon your request as soon as possible.

☐ I consent for Telecare Cardiff to contact me in the future in relation to the services provided and to gather feedback.

☐ My next of Kin is aware their details have been included within this form and understand their details will be processed in line with the Data Protection Act 2018.

If you have any queries or need help completing this form please contact us on 029 2053 7080.

Telecare Cardiff, 2nd Floor, Wilcox House, Dunleavy Drive, Cardiff, CF11 0BA