# Glasgow City HSCP logo

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| APPLICATION FOR GLASGOW CITY COUNCIL TELECARE SERVICECONFIDENTIALStandard Referral Form 1 (Dispersed Alarm and Pendant) **An online version of this form is available at www.glasgow.gov.uk/Telecare**  **Glasgow City Health and Social Care staff should only make referrals using the online version** |

PLEASE COMPLETE THIS FORM AND SEND TO:

Planning and Transformation Team

Commonwealth House

32 Albion St

Glasgow

G1 5ES

Email: [telecare@sw.glasgow.gov.uk](file://C:\Users\stevensong\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\AppData\Local\Local\Microsoft\Windows\Documents%20and%20Settings\silverk\Local%20Settings\gillespiem\Local%20Settings\Temporary%20Internet%20Files\OLK15E\telecare@sw.glasgow.gov.uk)

Phone: 0141 287 8792

**All fields marked \* require to be completed, otherwise the service start may be delayed**

**Who is completing this form? Please tick**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Self** |  | **Family Member** |  | **Friend** | |  | **Neighbour** |  |
| **POA** |  | **Other (Please specify)** | |  |  | | | |

| **Date of Referral** |  |
| --- | --- |
| **Name of Referrer** |  |
| **Address** |  |
| **What is your relationship to the person who requires the Telecare service?** |  |
| **Main Phone Number** |  |
| **Mobile Phone Number** |  |
| **Email Address** |  |

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| --- | --- |
| **\*Please give reason for referral:** | **To assist a return home from hospital**  **Due to a fall within last year**  **For safety and reassurance at home**  **To maintain independence**    **Carer support** |

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| --- | --- |
| **\*How did you find about the Telecare Service:** | **Family/ Friends**  **Council website**  **Hospital staff**  **Local health staff/ GP**    **Home carer**  **Social work staff**  **Housing staff**  **Other (Please specify)**    **-----------------------------------------------------------------** |

**Data Protection**

We will now share data based on the relevant legal basis under the current Data Protection legislation with effect from 25th May 2018. Consent for data sharing is no longer required. The relevant privacy statement is available which confirms these details: <https://glasgow.gov.uk/index.aspx?articleid=22077>

**Under Data Protection regulations, you need to tell someone if you are passing their information onto us. Is the person aware that you are applying for a Telecare service on their behalf?**

**Delete as appropriate: Yes / No**

**Who needs the Telecare service? - Personal Details**

| **\*Title** |  |
| --- | --- |
| **\*First Name** |  |
| **\*Surname** |  |
| **\*Date of Birth** |  |
| **\*Address** |  |
| **\*Postcode** |  |
| **\*Main Phone Number** |  |
| **\*Is the main phone number connected to a landline? Yes / No** |  |
| **If Yes, do you know who provides the service? (for example BT, Sky, Virgin)**  **Please provide details:** |  |
| **Mobile phone number** |  |
| **Do you own or rent your property you live in at the moment?** |  |
| **If you rent the property please provide the following details –**  **Landlord Name**  **Address**  **Phone number**  **This information is required in the event of an emergency.** |  |
| **Do you have a keysafe?**  **PLEASE DO NOT LIST THE KEYSAFE NUMBER ON THIS FORM. If you answer ‘Yes’ then a member of the Telecare Service will phone you to obtain this number.** | **Yes  No** |
| **Can you communicate in English?**  **Yes / No**  **If No please list support required** |  |

**Medical**

| **\*Name of GP** |  |
| --- | --- |
| **\*Medical Practice name and phone number:** |  |
| **\*Provide medical details and information on other known risks to enable the Telecare Service to provide appropriate help:** |  |
| **Additional information** - please provide any additional information which you would like to be considered as part of your application for a Telecare service: (example: details of other care and support services received such as Home Care, any communication issues such as hearing or speech impairment etc.) |  |

**Do you live alone? Yes / No**

**If you answered No, please provide details of other people in the house:**

| **Title** |  |
| --- | --- |
| **First Name** |  |
| **Surname** |  |
| **Date of Birth** |  |
| **What is your relationship to the person who requires the Telecare service?** |  |
| **Mobile Phone Number** |  |
| **Name of GP** |  |
| **Medical Practice name and phone number:** |  |
| **Details of any medical conditions** |  |

**Other people living in your household**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship to you** | **Date of birth** |
|  |  |  |
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Please note - Key holders will be contacted as the first response when the alarm is activated unless alternative arrangements are required. If no emergency contacts or key safe is provided, you should note that, in an emergency, a forced access on your front door may be required to establish your safety.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Emergency contact 1** | Name |  | | | Relationship | | |  |
| Address  Postcode |  | | | | | | | |
| Phone: (Day) |  | | Phone: (Night) |  | | Key holder? | **Yes  No** | |
| **Emergency contact 2** | Name |  | | | Relationship | | |  |
| Address  Postcode |  | | | | | | | |
| Phone: (Day) |  | | Phone: (Night) |  | | Key holder? | **Yes  No** | |
| **Emergency contact 3** | Name |  | | | Relationship | | |  |
| Address  Postcode |  | | | | | | | |
| Phone: (Day) |  | | Phone: (Night) |  | | Key holder? | **Yes  No** | |

**­Financial Assessment**

**SERVICE CHARGE**

**There is currently a weekly service charge of £3.96 for the Telecare service.**

If your weekly income is below a certain level you may be entitled to a reduced charge for this service. Do you want GCHSCP's Welfare Rights Team to contact you to discuss carrying out a financial assessment of your circumstances?

**Yes / No**

**Details of Equipment**

**Telecare Alarm Unit**

The Alarm Unit will connect the alarm system to your phone line.

A Pendant Alarm will also be provided to summon help in an emergency and will meet most service user's needs.

Pendant Alarm