

Islington Community Alarm Service application form

Please complete this form in full using type or black ink.

If you would like this document in large print or Braille, audiotape or in another language, please contact 020 7527 2000.

Please return your completed form to

Contact Islington
222 Upper Street
London N1 1XR

Telephone 020 7527 2000

Fax 020 7527 5454

Website www.islington.gov.uk/communityalarm

Section 1 – Personal details

First applicant

Title Mr Mrs Miss Ms

Surname

Other name(s)

Date of birth

Home address

Postcode

National Insurance no

Do you receive Housing Benefit? Yes No

If yes, Housing Benefit number?

For office use only –

Evidence of Housing Benefit seen and recorded? Yes No

Second applicant

If there are two people living in the property applying for the Community Alarm Service, please give the personal details of the second applicant here.

Title Mr Mrs Miss Ms

Surname(s)

Other name(s)

Date of birth

Section 2 – Property characteristics

What type of property is your home? (tick as appropriate)

House (two storeys or more)

Flat

Bungalow

Maisonette

What floor(s) is the property on?

How many bedrooms does the property have?

Who owns the property? (tick as appropriate)

Occupier

Council

Housing Association

Private landlord

If private landlord, name of landlord

Is there a telephone line with a modern socket in the property?* Yes No

Is there an electricity point near the phone socket?* Yes No

* So we can install an alarm, there must be a modern telephone socket and an electricity point near to it (to avoid having wires crossing in dangerous positions).

Section 3 – Medical details

Please give your medical details and other relevant health-related information here.

Applicant's GP details

Name

Address

Postcode

Telephone number

Out-of-hours number

Section 4 – Applicant’s alternative contacts/next of kin details

Please list up to three people who can be contacted in an emergency.

Name	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
Telephone numbers	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	Keyholder? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
Telephone numbers	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	Keyholder? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
Telephone numbers	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	Keyholder? Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 5 – Community care package

Do you receive home care? Yes No

If yes, on which day(s) do you receive home care? (please tick all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Who is your home care provider?

Telephone number of home care provider

Do you attend a day centre? Yes No

If yes, on which day(s)? (please tick all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What is the name of the day centre?

Do you receive meals delivered to your home? Yes No

If yes, on which day(s)? (please tick all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Do you receive visits from a district nurse? Yes No

If yes, on which day(s)? (please tick all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Section 6 – Monitoring questions and signature

What is your ethnic origin?

What is your first language?

Do you receive Disability Living Allowance, Attendance Allowance or Incapacity Benefit?

Yes No

Where did you hear about the service?

Social Services Family Friend Other Hospital/GP Publicity

Name of referrer

Applicant's signature

For office use only

Risk assessment required Referred to Date

Senior MW visit ID Serial number Hook number

Types of service

The monitoring service – emergency call-handling service. The full service – emergency call-handling and mobile warden response service.

Selection criteria

You must meet certain criteria for us to consider your application for the Community Alarm Service. The following people may be considered.

1. Elderly people or people with a disability, who live alone or are left alone frequently (five out of seven days for more than four hours per day) or live with a person or people who are not in a position or cannot be relied on to deal with an emergency or make necessary outside contact (ie because of disability / impairment / incapacity) or need to get in touch with a doctor, district nurse or carer and are in danger unless provided with an alarm to do so.
2. People with seriously restricted mobility (ie not being able to leave the house)
3. People who are or have been a victim of crime or harassment in the home and so the condition/environment of applicants' properties makes them significantly vulnerable to accident or attack

The following conditions apply to all the above criteria

Anyone requesting the Community Alarm Service must be prepared to undertake the full cost of the equipment, installation maintenance repairs, removal, running costs and the monitoring and/or mobile warden response service.

Applicants must be capable of and competent at operating the system. *

Applicants must be willing to have an emergency communication system installed in their home.

Applicants must be willing to give relevant personal information to enable staff to effectively respond to any likely call. The information is treated in strictest confidence.

* With some physical or mental conditions, the user may not always be able to use the alarm adequately and in some circumstances, it may be necessary to make alternative arrangements for the welfare of that person.

Islington Council does not accept any liability resulting from forced entry in the event of an emergency. The council is unable to guarantee the gender of the member of staff who attends your call, as we are an emergency service operating on a 24-hour shift rota.

Any personal information you give us is held securely and will be used only for council purposes. Information that was collected for one purpose may be used for another council purpose, unless there are legal restrictions preventing this. Islington may share this information where necessary with other organisations, including (but not limited to) where it is appropriate to protect public funds and/or prevent fraud in line with the National Fraud Initiative guidelines.

Please see www.islington.gov.uk/dataprotection for more information.