

CONFIDENTIAL

# **LIFELINE TELEPHONE SYSTEM**

APPLICATION FORM FOR CONNECTION TO  
THE LIFELINE CONTROL CENTRE  
AT THE PRINCESS ELIZABETH HOSPITAL,  
RUE MIGNOT, ST MARTINS,  
GUERNSEY, GY4 6UU.

The information that you provide on this form is stored on a computer at the Control Centre, which is situated at the main switchboard, The Princess Elizabeth Hospital.

Staff with access to this information are bound by confidentiality, but may impart information to Ambulance Control or other healthcare professionals attending emergency calls.

Please note that the information is provided voluntarily and its purpose is to enable those attending emergency calls to respond effectively.

**APPLICATION FOR CONNECTION TO THE  
HEALTH & SOCIAL SERVICES DEPARTMENT  
LIFELINE**

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**PLEASE DETATCH THIS FORM FROM THE  
COVER AND RETURN (COMPLETED) TO:  
THE LIFELINE CONTROL CENTRE,  
THE PRINCESS ELIZABETH HOSPITAL,  
RUE MIGNOT, ST MARTINS,  
GUERNSEY, GY4 6UU.**

Please indicate any of the following that have advised you to make this application and ask them to complete their name and signature in the space provided below.

Health  
Visitor

Nurse

Doctor

Social  
Worker

Other

Name

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Signature

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# APPLICANTS PERSONAL DETAILS

(block capitals throughout please)

(Mr / Mrs / Miss / Ms / (Other): \_\_\_\_\_

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

(in full) \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel. No. \_\_\_\_\_

If you are married, or live with a companion, please provide their details in this section.

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please give some helpful directions or indicate well known landmarks or buildings near your residence. This will help emergency services in locating you quickly.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Perry's Guide Ref: \_\_\_\_\_

# MEDICAL INFORMATION

Please give details of any current medical condition, and treatment prescribed that may assist emergency services when responding to calls:

- |  |   |
|--|---|
| <input type="checkbox"/> Dizziness     | <input type="checkbox"/> Rheumatism / Arthritis |
| <input type="checkbox"/> Black Outs    | <input type="checkbox"/> Poor Eyesight          |
| <input type="checkbox"/> Falls         | <input type="checkbox"/> Poor Hearing           |
| <input type="checkbox"/> Heart Attacks | <input type="checkbox"/> Diabetes               |
| <input type="checkbox"/> Stroke        | <input type="checkbox"/> Epilepsy               |

Other: \_\_\_\_\_  
\_\_\_\_\_

## KEY HOLDER / PERSON AVAILABLE TO ACT AS FIRST POINT OF CONTACT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(in full) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel. Nos. Home: \_\_\_\_\_  
Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

I confirm that I am willing to act as first point of contact in the event of assistance being required by the above named Lifeline applicant, and that I am a key holder.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OTHER EMERGENCY CONTACTS:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(in full) \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel. Nos. Home: \_\_\_\_\_

Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Do you hold a key? Yes / No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(in full) \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel. Nos. Home: \_\_\_\_\_

Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Do you hold a key? Yes / No

## YOUR DOCTOR:

Name: \_\_\_\_\_

Practice: \_\_\_\_\_

(in full) \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel. No. \_\_\_\_\_

**DETACH AND RETURN THE  
COMPLETED INNER FORM TO:  
THE LIFELINE CONTROL CENTRE,  
THE PRINCESS ELIZABETH HOSPITAL,  
LE VAUQUIEDOR, ST MARTINS,  
GUERNSEY, GY4 6UU.**

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**PLEASE RETAIN THIS COVER AS IT EXPLAINS  
HOW THE LIFELINE SYSTEM WORKS**

Once your application has been processed, the Control Centre at The Princess Elizabeth Hospital will contact Cable & Wireless Guernsey, who will arrange installation of the equipment with you. Connection to the system may incur a quarterly rental payable to Cable & Wireless Guernsey. (Cable & Wireless Guernsey will advise you of the charge). You may be entitled to relief from this charge. Please contact the Social Security Department for further information.

In the event of the Lifeline being activated details of the caller are displayed on the computer in the Control Centre. Two-way speech is also established between the Control Centre and the person activating the Lifeline. Should assistance be required the first contact will be telephoned by the Control Centre and asked to attend. If emergency assistance is required this will be summoned by the Control Centre. Should the first contact not be available the other contacts will be telephoned. The contact on site should remain to provide emergency services with access. Should no contacts be available the emergency services will be contacted direct.

Reprographics Dept (June 2006) Revised June 2010

N:BOH-NOS/H&SSD-109

**H&SSD No. 109**