GOOD MORNING ANTRIM

Free telephone befriending and alert service

**1:** **YOUR DETAILS:**

SURNAME: FIRST NAME:

TEL NO: DOB

Postcode \_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of days you would like a call \_\_\_\_\_\_\_ Please circle: chosen days**

 Monday Tuesday Wednesday Thursday Friday

**Between which ‘time’ best suits, for you to receive your call? Please circle:**

9.00-10.30am 10.30-11.30am 11.30-12.30pm

**2:** **ABOUT YOUR HOME:**

**Who is the house owned by? (please circle)**

NIHE

# Housing Association: Please give details

# Owner Occupied

Private Rented

Other

Do you have a key Safe?

If so, who has access

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3: ABOUT YOUR HEALTH**

**(A) Do you suffer from any physical difficulties e.g.,**

 Hearing \_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_ Sight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Speech \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(B) Do you have any mental health difficulties e.g.**

 Depression \_\_\_\_\_\_\_\_\_\_\_\_ Anxiety \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there any other details about your health that you want us to know?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Are you able to get out and about on your own? YES - NO**

**Do You Normally Live Alone? YES NO**

**Do you have any Carers or home help? YES NO**

**If yes, on what days to they call? Please circle**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**Do you have family or friends who regularly call?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**4: ABOUT YOUR HOBBIES AND INTERESTS**

**Please tell us of any hobbies and interests (bowling, reading) or do you regularly attend any clubs and whether they run in the morning, afternoon or all day.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**5: DOCTORS INFORMATION**

 **Please give the name, address and telephone number of your Doctor.**

 **Name: Tel No:**

 **Address:**

**6:** **ABOUT YOUR CONTACTS:**

**Please list below the names, addresses and telephone numbers of two friends or relatives who are prepared to accept responsibility to check on you if your telephone is not answered when we call: (*it would be very helpful if your nominated contact(s) is a key holder who has access to your home or key safe)***

FIRST CONTACT:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  | Telephone Details: |
| Address: |  |  | Home: |  |
|  |  |  | Work: |  |
| Postcode: |  |  | Mobile: |  |

What is their relationship to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do they have keys to your home or key safe? **YES NO**

SECOND CONTACT:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  | Telephone Details: |
| Address: |  |  | Home: |  |
|  |  |  | Work: |  |
| Postcode: |  |  | Mobile: |  |

What is their relationship to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do they have keys to your home or key safe? **YES NO**

**NO NOM CONTACT REASON**

**Recipients who do not provide NC details cannot access the Alert service.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT DETAILS TO BE GIVEN AT A LATER DATE?**

**DATE RECEIVED. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7: ABOUT THE REFERRAL:**

**Who referred you to Good Morning Antrim?**

 **Name /Contact details / Organisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Social Services or Social Worker \_\_\_\_\_\_\_\_\_\_ Family member \_\_\_\_\_\_\_\_\_\_\_\_

 Health Worker or Doctor \_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_

If self-referred, how did you hear about Good Morning Antrim?

# AUTHORISATION

I would like to become a member of the Good Morning Antrim service and receive a care call each morning that I have requested.

I agree that if my application is accepted, I shall inform the Co-ordinator or Telephone Support Befriender when a call is unnecessary or when my telephone will not be answered at the pre-arranged time. I will endeavour to update the project of any changes in my circumstances in order to keep my information up-to-date.

Recipients can end their membership at any time by informing a Telephone Support Worker or the Co-ordinator.

Where requested, we will provide medication ‘reminders’, however we bear no responsibility for medication dispersion, ingestion or outcomes.

I agree the Service is authorised by me to contact my Doctor, Nominated Contacts and any other service, agency or person, if it is considered to be in my best interests.

Personal information will be treated with the strictest of confidence, although there are limitations. If a person in receipt of the services discloses information which is considered to be harmful to themselves or others, or involved criminal activity, we are be obligated to forward this information to the relevant agencies. We will endeavour to discuss this with you in the first instance.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed on behalf of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FOR OFFICE USE ONLY

**Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Registration Form Received: \_\_\_\_\_\_\_\_\_\_\_\_**

**Date Welcome and Appointment Letter Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nom contacts details received YES NO**

**Date Nom. Contact Letter Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Equality Monitoring forms completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluation Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**End Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### GOOD MORNING ANTRIM

FAMILY CARING CENTRE

1 – 5 SOMERSET PARK

ANTRIM

BT41 2TE

Charity Number NIC 107874

TEL: 028 9446 4619

EMAIL: goodmorningantrim@familycaringcentre.co.uk