

FOR OFFICIAL USE ONLY

Lifeline ID No: \_\_\_\_\_



## TUNSTALL ONLINE MONITORING FORM

Thank you for purchasing from Tunstall Online. In order for us to provide you with the very best service possible, we require a monitoring form to be completed for each individual to be monitored. Please print out this pdf, complete it and post it back to us. If you have any queries, or would like help in completing this form, please call the administration team on **08450 56 54 56**. Lines are open 9.00am to 5.00pm Monday to Friday.

**Please note:** The service Tunstall Response provides relies upon the information provided on the monitoring form, therefore the service cannot begin until the form is received by Tunstall Response.

**IF YOU ARE APPLYING ON YOUR OWN BEHALF, PLEASE COMPLETE THE CLIENT DETAILS ONLY.  
IF YOU ARE APPLYING FOR THE SERVICE ON BEHALF OF SOMEONE ELSE, PLEASE COMPLETE BOTH SECTIONS BELOW.**

PLEASE COMPLETE IN BLOCK CAPITALS AND TICK BOXES WHERE APPLICABLE.

### USER DETAILS

PayPal Payment Ref. No. \_\_\_\_\_

Mr/Mrs/Ms/Miss/Other:	Surname:
First Name(s):	Known As:
Address:	
Postcode:	
Home Tel:	Date of Birth:
First Language (ie English):	
Name of telephone service provider (please tick)	
British Telecom <input type="checkbox"/> Other <input type="checkbox"/> Please specify: _____	

### USER REPRESENTATIVE

Mr/Mrs/Ms/Miss/Other:	Surname:
First Name(s):	
Address:	
Postcode:	
Home Tel:	Work Tel:
Mobile:	Relationship to client:
Please tick: I want all invoices and future correspondence sent to me as the client representative <input type="checkbox"/>	
No, please send all future invoices and correspondence direct to the client <input type="checkbox"/>	

## MEDICAL DETAILS

Doctor's Name:	
_____	
Address:	
_____	
	Postcode:
_____	_____
Tel:	Out of Hours Tel:
_____	_____

If someone else lives at the user's address, please give their details:

Name:
_____
Relationship to user:
_____

## NEXT OF KIN

Mr/Mrs/Ms/Miss/Other:	Surname:
_____	_____
First Name(s):	_____
_____	_____
Address:	
_____	
	Postcode:
_____	_____
Home Tel:	Work Tel:
_____	_____
Mobile:	Relationship to user:
_____	_____

**KEY HOLDER DETAILS** - In order to provide you with a high quality of service, it is desirable that you give us details of a minimum of TWO keyholders. A keyholder can be a relative, friend or neighbour who you want us to contact should you need them or who can provide access for the emergency services. A keyholder must be able to get to you within 20 minutes.

### KEYHOLDER 1

Mr/Mrs/Ms/Miss/Other:	Surname:
_____	_____
First Name(s):	_____
_____	_____
Address:	
_____	
	Postcode:
_____	_____
Home Tel:	Work Tel:
_____	_____
Mobile:	
_____	

### KEYHOLDER 2

Mr/Mrs/Ms/Miss/Other:	Surname:
_____	_____
First Name(s):	_____
_____	_____
Address:	
_____	
	Postcode:
_____	_____
Home Tel:	Work Tel:
_____	_____
Mobile:	
_____	

## KEYHOLDER 3

Mr/Mrs/Ms/Miss/Other:	Surname:
_____	
First Name(s):	_____
_____	
Address:	_____
_____	Postcode:
_____	_____
Home Tel:	Work Tel:
_____	_____
Mobile:	_____

## PROPERTY INFORMATION

Do you have a key safe: Yes  No

**KEYSAFE CODE:** \_\_\_\_\_

This code will only be given to the emergency services if access is required and can be changed at your request.



## FURTHER INFORMATION

How did you hear about Tunstall Response:		Newspaper <input type="checkbox"/>
Friend/neighbour <input type="checkbox"/>	Hospital <input type="checkbox"/>	Other <input type="checkbox"/> please specify: _____
GP surgery <input type="checkbox"/>	Website <input type="checkbox"/>	

## AUTHORISATION

I authorise the information to be used on my behalf in connection with the Monitoring Service.

Client's signature: \_\_\_\_\_ Date \_\_\_\_\_

Signed on behalf of client by: \_\_\_\_\_

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Date	Action	PNC logged by (name)

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

**Data Protection** The information you provide on this form will be held on a database so that we can keep your records up to date whilst providing you with a response service. We do not pass your details on to any other external company. References to the company means Tunstall Response Ltd.



Once completed please return by post or fax to:

**Online Monitoring Forms, Tunstall Response Limited,**

Ascot House, Malton Way, Adwick le Street, Doncaster DN6 7FE

**General enquiries tel:** 08450 56 54 56

**Email:** [service@tunstallonline.co.uk](mailto:service@tunstallonline.co.uk) [www.tunstallonline.co.uk](http://www.tunstallonline.co.uk)

