

QUEENSFERRY CARE
Supporting People in Queensferry, Dalmeny, Kirkliston, Newbridge & Ratho

APPLICATION FOR ALL SERVICES

NAME.....TELEPHONE NO.....

ADDRESS.....

DATE OF BIRTH.....MARITAL STATUS.....

REFERRED BY

CONTACT NUMBER DATE OF REFERRAL.....

SERVICE(S) REQUIRED DAYCARE HOME SUPPORT SERVICE

CARER SUPPORT SERVICE.....

VOLUNTEER BEFRIENDING SERVICE PLEASE INDICATE if visit

MorningAfternoon..... Evening

REASON FOR REFERRAL (Including Carer Respite, Social Isolation, Risk of person needing long-term care)

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SOCIAL WORKER/ CARE CO-ORDINATOR

Other supports, i.e. Home Help, Day Hospital, Sitter Service, District Nurse Etc.

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Disabilities? (Sight hearing etc).....

Does the Applicant require any Special Diet?.....

Does the Applicant require help when eating?.....

Is the Applicant – continent by day / night ?

able to climb stairs?

ambulant ?

Does the Applicant require a walking aid, if so which ?.....

WHO IS THE MAIN CARER?..... TELEPHONE NO.....

ADDRESS.....

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RELATIONSHIP

OTHER CONTACT.....TELEPHONE NO

ADDRESS

GENERAL PRACTITIONER

ADDRESS

IS TRANSPORT REQUIRED ?.....

Any other relevant information / comments ?

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Please return completed application form to:- General Manager,
QCCC
The Haven
25b Burgess Road,
South Queensferry
EH30 9JA
Telephone No 0131 331 5570
Fax No. 331 1173

Data Protection Act 1998
The personal information that we request will be held by us under the security laid down under the Data Protection Act 1998. It will be used by us only to enable us to provide a service to you. Some of this data maybe passed on to other statutory or voluntary agencies as required to help us provide that service. No data will be passed to any third party for any other purpose.