



Supported by the Department of Social Protection
under the Community Services Programme

RISE Project
Rossinver Community Development Company
New Ballagh Centre, Rossinver, Co Leitrim
(00353) 7198 54030/54928
rise@rcdc.ie



'Fermanagh Calling' Application Form.

Please complete the following questions:

Name (State Mrs / Miss / Mr etc)

Address

Tel. No. / Mobile No:

Date of Birth:

First Contact

Name

Relationship

Address (If different from above)

Emergency Contact No:

Work Contact No:
(If different from above)

2nd Contact

Name

Relationship

Address (If different from above)

Emergency Contact No:

**Work Contact No:
(If different from above)**

3rd Contact (optional)

Name

Relationship

Address (If different from above)

Emergency Contact No:

**Work Contact No:
(If different from above)**

Client's G.P. Name

G.P. Address :

G.P. Contact No:

<p>What days (max 3 days per week) would you like '<i>Fermanagh Calling</i>' to contact you? Service is available Monday/Tuesday/Wednesday/Thursday/Friday.</p>
<p>Do you have a preferred time to receive a call?Yes / No If yes please indicate preferred time</p>
<p>Do you have any current or prior Health Problems?Yes / No If yes please give details where possible</p>
<p>Do you have regular contact with any Health Care Professionals e.g. Community Health Nurse, Psychiatric Nurse? Yes / No (If yes please list, with contact phone numbers where possible)</p>
<p>Do you have regular Home Help?.....Yes / No If yes please give details where possible</p>
<p>Do you attend any Day Care Services currently? Yes / No If yes please indicate where + times of attendance.</p>
<p>How did you hear about <i>Fermanagh Calling</i> ?</p>

Agreement

I wish to be contacted by the Fermanagh Calling Friendly Call Service as detailed in this form and agree to all my contact details and record of calls being held on a confidential database.

I understand that it is my responsibility whenever possible to inform the Service if I will not be available to take a regular call.

I understand that if I do not answer a call at the agreed time the Fermanagh Calling Friendly Call service will call at least two more times that morning before contacting any other person.

I agree that a Fermanagh Calling representative is authorised by me if he/she thinks it is necessary to communicate with my doctor or the contacts whose names I have given overleaf.

I understand that I may withdraw from the Fermanagh Calling Friendly Call Service at any time by informing one of the operators.

Can you please check your list gives the required information on people that we can contact in the event that we are unable to contact you.

Thank you for your assistance.

Your Signature:

Date:

Fermanagh Calling Coordinator's Signature:

Date:



A project supported by the European Union's INTERREG IVA Programme managed by the Special EU Programmes Body and delivered by Co-operation and Working Together