



Communities & Wellbeing Division
Midlothian Council
Fairfield House
8 Lothian Rd
Dalkeith
EH22 3ZH

Director Colin Anderson

**APPLICATION FORM FOR
MIDCARE SERVICE**

NAME..... Date of Birth.....

ADDRESS.....
.....Post Code.....

Tel. Number.....(Home).....(Mob)
(Landline must be able to accept incoming and make outgoing calls)

GP Practice

Any significant medical conditions/disability/communication difficulties.....
.....
.....

Key Contacts(Friends/Family/Neighbours who are able and willing to be an emergency responder and a keyholder)

1. Name.....Relationship to you
Address.....
Tel.....(Home).....(Mob)

2. Name.....Relationship to you.....
Address.....
Tel.....(Home).....(Mob)

Reason for application
.....
.....

Is this application for yourself?Y/N
If No, please state your name Tel No.....
and relationship to the applicant.....
Has the applicant agreed to thisY/N

Please return this application form by post to :- Loanhead Social Work Centre, 4 Clerk St, Loanhead. EH20 9DR OR by fax to 0131 448 2151