

## PARTICIPANT APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND IN BLOCK CAPITALS

ORGANISATION DETAILS	
Organisation name	Carrigaline Family Support CLG
Pobal URN	696609B

PARTICIPANT DETAILS					
Title (Mr., Mrs., etc.)		Gender	Male		Female
First name		Surname			
Address – Line 1					
Address – Line 2					
Address – Line 3					
Town					
County		Eircode			
Contact No. (Landline/Mobile)					
E-mail address (optional)					
Date of birth (must be 65 or over)		Age			
<b>Optional:</b> Contact number of person to assist with the installation		Name & Relationship to participant			

SAS ELIGIBILITY CRITERIA					
Age 65 or over		Yes		No	
<b>LIVING ARRANGEMENTS</b> ( <i>Tick one only</i> )					
Living alone		Living with another eligible person			
Living alone for significant periods of time		Carer			
If "Living with another eligible person", are they already a participant in the SAS?		Yes		No	
If "Yes", enter the participant's PIN ( <i>Organisation to complete</i> )					

TICK TYPE OF EQUIPMENT REQUIRED ( <i>and confirm 'yes' to the question for that equipment type</i> )					
Type of Equipment ( <i>tick</i> )			Question ( <i>confirm 'yes'</i> )		
Base & Pendant Landline		Pendant only Landline		Is there a Landline in the property?	
Base & Pendant GSM		Pendant only GSM		Is the participant aware they have to pay for SIM credit?	
Base & Pendant Digital		Pendant only Digital		Does participant have broadband and a mobile signal in their home, and are aware they have to pay for SIM credit?	
If the application includes an alarm base, can it be provided from equipment in stock? ( <i>Organisation to complete</i> )					Yes / No

**REASONS FOR SEEKING THIS EQUIPMENT** (*Tick one only*)

Fear of crime		Feel isolated	
Past victim of crime		Peace of mind	
Existing health condition		Protect home	

**HOW DID YOU HEAR ABOUT THE SCHEME?** (*Tick one only*)

Community Alert / Neighbourhood watch		Community group / Worker	
Doctor		Gardaí	
Local paper / Newsletter		Public health nurse / Health centre / HSE	

Other: \_\_\_\_\_

**DECLARATIONS****By Participant:**

- The information I have given above is complete and correct and I understand that Pobal may contact me to verify this information at any time.
- Any contact person named in this form is aware that their contact details have been shared to assist with the installation
- The use of the equipment has been explained to me.
- I understand that I am responsible for payment of SIM credit (GSM or Digital alarm only) from date of installation and monitoring charges after the first year.
- I understand that the equipment will remain the property of the organisation.
- I am aware that there will be an expectation of engagement with the organisation on a regular basis.
- I have read the privacy notice and understand that my personal information will be processed, stored and shared for purposes connected to the Seniors Alert Scheme only.
- I confirm that I am a person of limited means and I do not have the resources to purchase the equipment.
- I agree to be contacted as part of any future review of SAS.
- I understand the terms and conditions of SAS and meet all the eligibility requirements.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR, If signed on behalf of the Participant ('Representative'):**

- I declare that the information provided to me is true and accurate.
- I confirm that I have discussed the declarations with the participant and they have agreed to them.
- I confirm that I have the consent of the participant to submit this form on their behalf.

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

**On behalf of Organisation:**

- I have discussed and explained the Seniors Alert Scheme to the above named participant and/or their representative.
- I can confirm the participant is living within the geographical area of the organisation and will benefit from the equipment supplied.
- I have completed this assessment based on the information provided and in accordance with the Scheme's Terms and Conditions.
- I confirm I have the consent of the participant and/or their representative to submit this form on their behalf.

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

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

Garda Vetting No.: \_\_\_\_\_