

SeniorLink Application Form Part 1 – User Details

Please complete all the relevant sections in block capitals.

If you need help completing any section, or if SeniorLink is required for a second person living at the same address call us on – Tel **0845 0532306** between 9am – 5pm, Monday – Friday.

Please note: you cannot be connected to SeniorLink if you are receiving a monitored alarm service (eg: pull cord system) operated by another service provider.

If you are applying for SeniorLink on behalf of someone else (the User Representative) – you must complete Section 2 on this page as well.

Office use only:

Project/Area _____

Source of referral/HTA/Other _____

Tel no: _____

Source Code: _____

BC FS

HP FD

Section 1: Details of User Representative (complete only if applicable)

Mr/Mrs/Ms/Miss/Other:

Surname:

First Name(s):

Address:

Postcode:

Work Tel:

Home Tel:

Mobile:

Relationship to User:

email address:

Please tick the boxes where applicable:

I want all invoices and future correspondence sent to me as the User Representative

I would prefer the SeniorLink equipment to be delivered direct to me as the User Representative

I confirm that I am happy to be contacted by Help the Aged SeniorLink to discuss any matters regarding the User.

Signed (User Representative):

Date:

Section 2: Details of User

Mr/Mrs/Ms/Miss/Other:

Surname:

First Name(s):

Address:

Postcode:

Home Tel:

Date of Birth:

email address:

Religion (complete at your own discretion):

If applicable, I authorise Help the Aged SeniorLink to contact my Representative (see Section 1 above) to discuss any matters regarding this service.

Signed (User):

Date:

Section 2 (Continued)

Your Telephone service

Name of telephone service provider (Please tick):

British Telecom (BT)

Other Telephone Service Provider

Other Telephone Service Provider Tel. No. _____

Medical Details

About your doctor

Doctor's name:

Address:

Postcode:

Tel:

Out of Hours Tel:

To help us provide a quality service, please detail any serious medical conditions of which we should be aware e.g. any recurring illness such as heart problems or diabetes, or any eyesight or hearing problems.

Difficulty in getting around?

Hard of hearing?

Difficulty in speech?

Poor eyesight?

Other conditions (please state)

Are you taking regular medication? Please give details below:

Visitor Details

Who do you have regular home visits from? Please tick the box(es) that apply to you:

Home Help

How Often? _____

Nurse

How Often? _____

Social Worker

How Often? _____

Meals on Wheels

How Often? _____

Household Details

If someone else lives at your address or you have pets please give their details below:

Full name:

Relationship to you:

Type of pet (dog, cat etc):

Name of pet:

Section 3: Keyholders Details and Next of Kin

It is very important that you provide us with details of **at least two Keyholders**. A Keyholder can be a friend, a relative or a neighbour who you would like us to contact on your behalf, if you should need them and each Keyholder must live at a different address. They should be able to get to you within 30 minutes, agree to **hold a key to your home** and be contactable at all times. On receiving your call for assistance, we will contact them in the order listed below. To arrange Keyholders you might consider approaching the following: neighbours, family friend, local church, voluntary organisations or day centre etc. Additionally, please provide details of your Next of Kin.

Keyholder 1

Name:	Relationship to you:
Address:	Work Tel:
	Home Tel:
	Mobile:
Postcode:	email address:

Keyholder 2

Name:	Relationship to you:
Address:	Work Tel:
	Home Tel:
	Mobile:
Postcode:	email address:

Keyholder 3

Name:	Relationship to you:
Address:	Work Tel:
	Home Tel:
	Mobile:
Postcode:	email address:

Next of Kin

Name:	Relationship to you:
Address:	Work Tel:
	Home Tel:
	Mobile:
Postcode:	email address:

Section 4: Service Agreement

This Agreement is between Help the Aged SeniorLink and (Name of User/User Representative) _____ for the provision of the SeniorLink service.

This agreement will commence from the date of signing by Help the Aged SeniorLink* and will continue until confirmed by written notification of termination (and return of the SeniorLink equipment if applicable).

Help the Aged SeniorLink

1. Will undertake to answer calls from your SeniorLink equipment 24 hours a day, 365 days a year
2. Will, on receiving a call for assistance, take immediate action to contact a Keyholder, a Doctor or the Emergency Services as most appropriate
3. Will maintain the SeniorLink equipment should it malfunction as soon as is practicable
4. Cannot accept responsibility for maintaining equipment not supplied by or purchased from Help the Aged SeniorLink
5. Cannot be held responsible for failure of the service due to circumstances beyond its control, such as calls not received by the Response Centre due to problems with telephone lines, or delay / failure by the Emergency Services to respond or adverse weather conditions
6. Will not accept responsibility if delays occur in answering the User due to problems with the User's telephone line being occupied by an answering machine or service, fax machine, internet connection or other telephony equipment (or from adverse weather conditions)
7. Reserves the right to (i) end the SeniorLink Service at the discretion of the Response Centre Manager, for example in cases of misuse or non-payment (although every possible assistance will be given if the User has financial problems) and (ii) review the price of the SeniorLink **service fee** and to notify the User/User Representative of any change in the **service fee** charge with two months written notice.

Signed: _____
on behalf of Help the Aged SeniorLink

Name: _____
(Please print)

Date: _____

I (the User/User Representative) agree to:

1. Pay the SeniorLink **service fee** quarterly in advance
2. Ensure that the Keyholders listed have been contacted, are willing to participate, and have a key to the User's home
3. Inform Help the Aged SeniorLink of any relevant changes to the User's personal circumstances or to Keyholder details
4. Inform Help the Aged SeniorLink of periods when I am going to be away from home, eg on holiday or a stay in hospital
5. Take reasonable care of the SeniorLink equipment and will be responsible for any breakage, loss or accidental damage
6. Test the SeniorLink equipment at least once a month to ensure that it is working properly
7. Take responsibility for covering the SeniorLink equipment under the User's household insurance (if the User has a policy)
8. Give 28 days written notice of requirement to terminate the service. Termination will be effective 28 days from notification. If the SeniorLink equipment is returned unused within 28 days of dispatch, the full fee may be refunded
9. The enclosed Important Information overleaf which I have read and understood.

I confirm that the User is not monitored by any other response centre community alarm provider and does not have access to an active pull cord alarm system.

Signed: _____
User/User Representative (whichever is applicable)

Name: _____
(Please print)

Date: _____

***Upon receipt of your signed agreement, Help the Aged SeniorLink will sign and date it and return a copy to you.**

All calls to the SeniorLink Response Centre are recorded and may be used for administrative and training purposes.

Help the Aged SeniorLink is a trading name of Help the Aged (Trading) Ltd. Help the Aged (Trading) Ltd is a wholly owned subsidiary of Help the Aged (Registered charity no 272786).

Data Protection Act 1998 – Information Uses

Important Information

Please read the information below carefully together with your Service Literature

Data Protection Act 1998 – Information Uses

For the purposes of the Data Protection Act 1998 the data controller in relation to any personal data you supply is Help the Aged (Trading) Ltd, a subsidiary of Help the Aged.

Administration

Information you supply may be used by Help the Aged (Trading) Ltd and its partners / agencies for the sole purpose of providing the SeniorLink service unless you have indicated on your application a preference to receive further details about Help the Aged services and activities. This information will be held securely for any future queries.

Sensitive Data

In order to process your application, we will need to collect data which the Data Protection Act defines as sensitive such as health details. By proceeding with and signing this application you will signify your consent to such information being processed by Help the Aged (Trading) Ltd, a subsidiary of Help the Aged, and its partners / agencies and that, where applicable, this consent has also been obtained from the User, User's Representative or other individual named in your application.

We will use the information you have supplied to communicate with you in line with Data Protection legislation.

We would also like to keep you up to date on our campaigns, appeals and events or the purchase of products from the Charity's trading companies e.g. Christmas cards or home shopping.

If you **do not** wish to receive information from Help the Aged and its other trading companies, please tick this box.

If you **do not** wish to receive information from approved organisations that might interest you, please tick this box.

If you **are happy** for us to minimise costs and contact you by electronic methods (e.g email), please tick this box. You may unsubscribe at any time.

Section 6: Equal Opportunities Monitoring

Help the Aged is required to monitor its services to ensure that it is reaching all sections of the community. It is for this purpose alone that we ask you to complete this section **in respect of the User only**. Thank you for your co-operation.

1. Are you: Male Female

2. Please tick the appropriate box to indicate your background:

White:

British Irish

Other white: please specify

Black or Black Birth

Black Caribbean Black African

Other black: please specify

Asian or Asian British:

Indian Pakistani Bangladeshi

Mixed

White & Black Caribbean White & Asian White & Black African

Other mixed: please specify

Chinese or other ethnic group

Chinese Other ethnic group: please specify

3. Please specify the age group you belong to

60-64 65-69 70-74 75-79 80-84 85-89 90+

4. Do you have a disability as defined by the Disability Discrimination Act 1995? That is a physical or mental impairment, which has a substantial, long term, adverse affect on your ability to carry out normal day to day activities.

Yes No

Section 1: Buying the SeniorLink equipment

To connect to SeniorLink you can either buy the SeniorLink equipment or qualify to receive free equipment. All payments are subject to VAT unless you qualify to be exempt (see section 3 of this Form).

	Excluding VAT	Including VAT
First Payment	£	£
Cost of equipment and delivery	157.00	184.48
Monitoring for the first 3 months	21.20	24.91
Total	<u>178.20</u>	<u>209.39</u>
Subsequent Payments every 3 months in advance		
Monitoring only	21.20	24.91

If you wish to buy the SeniorLink equipment please tick this box

Section 2: Qualifying for free SeniorLink equipment

To qualify for free SeniorLink equipment funded by Help the Aged you must be able to answer YES to each of the statements below and complete the declaration. **Even where free equipment is provided, a service fee for monitoring of £1.63 +VAT per week (equivalent to £21.20 payable every 3 months in advance) will be charged.**

Please tick the boxes if your answer is YES

- I am 60 years old or over.
- My disposable savings/assets do not exceed £20,000. (This includes shares, bonds, etc but does not include the value of my home).
- I do not live in residential sheltered accommodation.

Note: If you are unable to answer YES to all these statements, then you may wish to consider buying the SeniorLink equipment (see Section 1).

Declaration

I declare that I can answer YES to all of the above statements and qualify to receive my SeniorLink equipment free of charge. I also agree to pay the service fee for monitoring.

Signed (User):

Date:

Name of User (Please Print):

Please note that Help the Aged is a registered charity reliant upon donations and assistance with free SeniorLink equipment is given to individuals according to the availability of funds.

Section 3: VAT Exemption

Please read carefully and complete if applicable.

The cost of the SeniorLink equipment and the service fee for monitoring will be subject to VAT unless you can declare that you are chronically sick or disabled. Even if you receive free SeniorLink equipment, you may still claim VAT relief on the service fee if you are eligible.

Chronically sick means that you have an illness which is likely to last for a long time, for example arthritis, diabetes or heart problems such as angina.

Disabled means a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. You do not have to be registered disabled to claim relief from VAT, but the nature of your illness or disablement must be specified.

Declaration

I declare that I am chronically sick or disabled because I am suffering from:

Nature of illness/disability (Please be specific):

I am receiving from Help the Aged SeniorLink, the SeniorLink equipment and Immediate Response Service and claim relief from VAT Section 30, Schedule 8, Group 12 of the VAT Act 1994.

User Name:

Address:

Postcode:

Telephone Number:

User Signature:

Date:

Section 4: How to pay for SeniorLink

You can choose to pay for SeniorLink by Direct Debit or personal cheque. Please do not send cash or postal orders. Please complete the relevant details below.

Payment by Direct Debit

Please complete your Bank details below and we will do the rest. You will be advised in writing when your payments will be collected.

Instructions to your Bank Building Society to pay by Direct Debit

Please fill in this instruction and send it to Help the Aged SeniorLink. Do not send this Instruction to your Bank/Building Society.



Originators Identification Number
office use only

4	2	5	1	4	6
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Name and full postal address of your Bank or Building Society

1. To: The Manager

Bank/Building Society:

Branch Address:

Postcode:

2. Name(s) of Account Holder(s)

3. Branch Sort Code - - 4. Help the Aged (ID Number) Office use only

5. Bank or Building Society Account Number

6. Instruction to your Bank or Building Society

Please pay Help the Aged SeniorLink Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee.

Signature(s) of Account Holder(s):

Date:

Bank and Building Societies may not accept Direct Debit Instructions for some types of account – Please check before completing the Instruction.

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Help the Aged SeniorLink will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Help the Aged SeniorLink or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

Payment by Cheque

If you wish to pay by personal cheque, please tick this box.

We will send you an invoice on each occasion that your payment is due.

Please return your application forms to the following address.

You do not need to use a stamp:

"FREEPOST HELP THE AGED SENIORLINK"