

## PARTICIPANT APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND IN BLOCK CAPITALS

ORGANISATION DETAILS	
Organisation name	GALWAY CONTACT - 091 867892
Pobal URN	548684Q

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	
LIVING ARRANGEMENTS <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: CARMEL GLYNNPosition: ADMIN P/TGarda Vetting No.: GVC00120230405-01222