



## SENIORS ALERT SCHEME PARTICIPANT APPLICATION FORM

PLEASE COMPLETE **ALL** SECTIONS OF THIS FORM AND IN BLOCK CAPITALS

### ORGANISATION DETAILS

Organisation Name	
Pobal URN	

### PARTICIPANT DETAILS

Title (Mr., Mrs., etc.)		Gender	Male		Female	
First Name		Surname				
Address – Line 1						
Address – Line 2						
Address – Line 3						
Town						
County		Eircode				
Telephone No.						
E-mail Address						
Date of Birth						
Has the Participant received equipment under the previous SAS or CSOP Scheme?		Yes		No		

If yes, state the year: \_\_\_\_\_

#### Additional Information:

(Reason for requiring new equipment) \_\_\_\_\_

### SAS ELIGIBILITY ASSESSMENT

Age 65 or over		Yes		No	
<b>LIVING ARRANGEMENTS (Tick one only)</b>					
Living Alone		Living with another eligible person			
Living alone for significant periods of time during the day.		Carer			

**TYPE OF EQUIPMENT SOUGHT (Tick one only) – Note. A wired connection is preferable as wireless modems are not reliable for SAS personal alarms**

Base & Pendant Landline		Pendant only Landline	
Base & Pendant GSM		Pendant only GSM	
Can the application (Base) be fulfilled with Equipment in stock (Organisation to complete)			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 / Neighborhood Watch		Community Group / Worker	
Doctor		Gardaí	
Local Paper / Newsletter		PHN / 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.
- The use of the equipment has been explained to me and I understand that I am responsible for paying the GSM costs from installation (if applicable) 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.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**On behalf of Organisation:**

- I have discussed and explained the Seniors Alert Scheme to the above named person.
- 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 to submit this form on their behalf.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

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