



SENIORS ALERT SCHEME EQUIPMENT REPLACEMENT FORM

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

Organisation Name	
Pobal URN	

PARTICIPANT DETAILS

PIN	
Participant Name	

EQUIPMENT REPLACEMENT DETAILS – please circle/tick where applicable

Type	Reason	Is the reason for replacing covered under the warranty?
Base & Pendant	Broken <input style="float: right;" type="checkbox"/>	Yes / No
	Change of Equipment type to Landline <input style="float: right;" type="checkbox"/>	
	Change of Equipment type to GSM <input style="float: right;" type="checkbox"/>	
	Other: _____ <input style="float: right;" type="checkbox"/>	
Base only	Broken / Other _____	Yes / No
Pendant only	Broken / Other _____	Yes / No
Type of New Equipment	Landline / GSM	
If reason is due to Change of equipment type, confirm:	Is the base unit less than 3 years old, in working order, and returned for re-installation?	Yes / No

**If the equipment was replaced under warranty by the Supplier
Complete details below: (if out of warranty, a new installation will take place for supplier to complete online)**

	Make	Model	Serial Number	Date of Installation	Warranty End Date
Base Unit					
Pendant					
Supplier	Name of Installer				

On behalf of the named Organisation:

- I declare that the information provided above is true and accurate.
- I confirm that I have been authorised to complete and submit this form.
- I confirm that I have the consent of the participant to submit this form on their behalf.

Signed:	Date:
Print Name:	Position: