



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		
LIVING ARRANGEMENTS (Tick one only)					
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	<input type="checkbox"/>	Pendant only Landline	<input type="checkbox"/>
Base & Pendant GSM	<input type="checkbox"/>	Pendant only GSM	<input type="checkbox"/>
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	<input type="checkbox"/>	Feel Isolated	<input type="checkbox"/>
Past Victim of Crime	<input type="checkbox"/>	Peace of Mind	<input type="checkbox"/>
Existing Health Condition	<input type="checkbox"/>	Protect Home	<input type="checkbox"/>

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

Community / Neighborhood Watch	<input type="checkbox"/>	Community Group / Worker	<input type="checkbox"/>
Doctor	<input type="checkbox"/>	Gardaí	<input type="checkbox"/>
Local Paper / Newsletter	<input type="checkbox"/>	PHN / Health Centre / HSE	<input type="checkbox"/>

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.: _____