



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	<input type="checkbox"/>	Female	<input type="checkbox"/>
First Name		Surname				
Address – Line 1						
Address – Line 2						
Address – Line 3						
Town						
County		Eircode				
Contact No. (Landline/Mobile)						
E-mail Address						
Date of Birth (must be 65 or over)		Age				
Additional Information:						

SAS ELIGIBILITY ASSESSMENT				
Age 65 or over	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
LIVING ARRANGEMENTS (Tick one only)				
Living Alone	<input type="checkbox"/>	Living with another eligible person		<input type="checkbox"/>
Living alone for significant periods of time	<input type="checkbox"/>	Carer		<input type="checkbox"/>
If "Living with another eligible person", are they already in the SAS?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", enter the participant's PIN				

TYPE OF EQUIPMENT REQUIRED (Tick one only – and confirm question?)				
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"/>	Is there a Landline in the property?
				Confirm Yes
Base & Pendant GSM	<input type="checkbox"/>	Pendant only GSM	<input type="checkbox"/>	Does the Participant understand they are responsible for payment of SIM Credit?
				Confirm Yes
Base & Pendant Digital	<input type="checkbox"/>	Pendant only Digital	<input type="checkbox"/>	Does Participant understand they are responsible for payment of any additional costs e.g. SIM credit
				Confirm Yes
If the application includes an alarm Base, can it be provided from 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:	
<ul style="list-style-type: none"> 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 payment of any additional costs for the GSM or Digital alarm e.g. SIM Credit fee from date of installation and monitoring charges after the first year. There may also be a once-off digital subscription for the Digital alarm. 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'):	
<ul style="list-style-type: none"> 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:	
<ul style="list-style-type: none"> 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: _____	Position: _____
Garda Vetting No.: _____	