



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				
Telephone No.						
E-mail Address						
Date of Birth						
Has the Participant received equipment under the previous SAS or CSOP Scheme?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes, state the year: _____						
Additional Information: (Reason for requiring new equipment) _____						

SAS ELIGIBILITY ASSESSMENT					
Age 65 or over	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
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 during the day.	<input type="checkbox"/>	Carer	<input type="checkbox"/>		
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		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.

Participant Signature: _____ **Date:** _____

OR

If, signed on behalf of the Participant:

Signature: _____ **Date:** _____

Relationship to Participant _____

- I declare that the information provided to me is true and accurate.
- I confirm that I have discussed the declaration with the participant.
- I confirm that I have the consent of the participant to submit this form on their behalf

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.: _____