



# Pendant Alarm Service Application

## PAYMENT SELECTION

*Please choose your payment option and send to us. (Please tick your choice)*

**Payment Option 1** – Equipment purchased £157.00 + Monthly monitoring charge £7.07

**Payment Option 2** – Equipment hired £39.99 + Monthly monitoring charge £11.66

**Payment Option 3** – Equipment free + Monthly monitoring charge £13.82

**Monitoring charges are payable quarterly, in advance. Prices quoted exclude VAT and may be subject to VAT exemption.**

Please read carefully and complete if applicable.

The cost of the Eldercare equipment and the service fee for monitoring will be subject to VAT unless you can declare that you are chronically sick or disabled.

‘Chronically sick’ means that you have an illness which is likely to last for a long time, for example arthritis, diabetes or heart problems such as angina.

‘Disabled’ means physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities.

You do not have to be registered disabled to claim relief from VAT, but the nature of your illness or disablement must be specified.

### Declaration

I declare that I am chronically sick or disabled because I am suffering from:

Nature of illness/disability (Please be specific)

.....

I am receiving the Eldercare Pendant Alarm Service and claim relief from VAT Section 30, Schedule 8, Group 12 of the VAT Act 1994.

Client name .....

Postal address .....

.....

Postcode ..... Telephone Number .....

Signature .....

**You can choose to pay for your Eldercare service by direct debit, cheque or over the telephone using a credit or debit card.**

**See overleaf for details.**



# Service Application

## SERVICE MEMBER DETAILS

### Payment Options

#### To pay by Cheque or Credit/Debit Card

You will receive an invoice in the post every quarter, simply follow the directions on the invoice to make your payment.

#### To pay by Direct Debit

Please complete your bank details and return this form to us.



Name(s) of Account Holder(s) .....

Bank/Building Society account number         Sort Code

Originators Identification Number 409462

Reference Number (internal use only) .....

To the Manager ..... Bank/Building Society .....

Address .....

..... Postcode .....

#### Instruction to your Bank or Building Society

Please pay Eldercare Direct Debits from the account detailed in the instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Eldercare and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s) of Account Holder(s) .....

Date .....

**Banks and Building Societies may not accept Direct Debit Instructions for some types of account**

## IMPORTANT INFORMATION – PLEASE RETAIN

This is a copy of the service agreement between Eldercare (UK) Ltd and yourself for the provision of the Eldercare service. This is for you to keep for your own records. The signed copy is retained by us.

This agreement will commence from the date of signing by the applicant and will continue until confirmed by written notification of termination (and return of the Eldercare equipment if applicable). Once you have signed the agreement you will have 21 days for the right to cancel it. Please contact us in writing to tell us that you have decided to cancel.

### **I (the service member/service member's representative) agree to:**

1. Ensure that the key holders listed have been contacted, are willing to participate and have a key to the service member's home.
2. Inform Eldercare (UK) Ltd of any relevant changes to the service member's personal circumstances or to key holder details.
3. Inform Eldercare (UK) Ltd of periods when I am going to be away from home e.g. on holiday or a stay in hospital.
4. Test the equipment once a month to ensure that it is working properly.
5. Give 28 days notice of requirement to terminate the service. Termination will be effective 28 days from notification.
6. My information being shared in line with the 1998 Data Protection Act - Use of Information.
7. Agree to calls that I make to the Control Centre being recorded for monitoring purposes and retained for a minimum of 12 months.

### **If I have chosen to hire the equipment necessary for Eldercare (UK) Ltd to provide the service, I understand that the equipment remains the property of Eldercare (UK) Ltd at all times. I agree to:**

8. Take reasonable care of the Eldercare equipment and be responsible for any breakage, loss or accidental damage.
9. Take responsibility for insuring the Eldercare equipment under my household insurance policy.
10. Not sell, dispose of or part with the possession of the Eldercare equipment; understanding that the equipment may be recovered after the service has been terminated. In the event that the equipment is unable to be recovered by Eldercare (UK) Ltd, I understand that I could be charged a sum equivalent to its current value.
11. Allow access for maintenance, repair or recovery of the Eldercare equipment, should this be necessary.

### **Eldercare**

1. Will undertake to answer calls from your Eldercare equipment 24 hours a day, 365 days a year.
2. Will, on receiving a call for assistance, take immediate action to contact a key holder, a doctor or the emergency services as appropriate.
3. Will maintain the Eldercare equipment should it malfunction as soon as is practicable.
4. Cannot accept responsibility for maintaining equipment not supplied by, or purchased from, Eldercare.
5. Cannot be held responsible for failure of the service due to circumstances beyond its control, including but not limited to: calls not received by the Control Centre due to problems with telephone lines, delay or failure by the emergency services to respond, adverse weather conditions.
6. Will not accept responsibility if delays occur in answering the service member due to problems with the service member's telephone line being occupied by an answering machine or service, fax machine, internet connection or other telephone equipment or from adverse weather conditions.
7. Reserves the right to (i) end the Eldercare service at the discretion of the Control Centre Manager, for example, in cases of misuse or non-payment when the service member is responsible for payment (although reasonable consideration will be given if the service member has financial problems) and (ii) review the price of the Eldercare service fee and to notify the service member/service member's representative of any change in the service fee charge with two months written notice.
8. Take protection of vulnerable adults very seriously. If any of our team suspect that there are any causes for concern, they will, with the service member's consent, raise them with the relevant authorities.
9. Reserves the right to subcontract any work relating to the contract without obtaining the consent of, or giving notice to, the customer.

### **If the equipment is hired from Eldercare (UK) Ltd,**

10. In the event that the service is terminated, the equipment may be recovered from the service member/service member's representative. In the event that the equipment cannot be recovered, Eldercare (UK) Ltd reserves the right to charge a sum equivalent to the current value of the equipment.

## Useful Contacts

<b>Eldercare Customer Service</b>	<b>0345 603 4576</b>
<b>Technical Queries</b>	<b>0345 053 2306</b>
<b>Compliments/Complaints</b>	<b>01706 228062</b>

**Calls from landlines will be charged at your local network rate.**

**Please note that all calls to the Control Centre are recorded for monitoring purposes. Voice recordings are retained for at least 12 months.**



### The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Eldercare will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Eldercare or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society – If you receive a refund you are not entitled to, you must pay it back when Eldercare asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Eldercare adheres to the 1998 Data Protection Act – Use of Information.



# Service Agreement

PLEASE COMPLETE AND SEND TO US

This agreement is between Eldercare and (name of service member/service member's representative) ..... for the provision of the Eldercare service.

This agreement will commence from the date of signing by the applicant and will continue until confirmed by written notification of termination (and return of the Eldercare equipment if applicable). Once you have signed the agreement you will have 21 days for the right to cancel it. Please contact us in writing to tell us that you have decided to cancel.

### Eldercare

1. Will undertake to answer calls from your Eldercare equipment 24 hours a day, 365 days a year.
2. Will, on receiving a call for assistance, take immediate action to contact a key holder, a doctor or the emergency services as appropriate.
3. Will maintain the Eldercare equipment should it malfunction as soon as is practicable.
4. Cannot accept responsibility for maintaining equipment not supplied by, or purchased from, Eldercare.
5. Cannot be held responsible for failure of the service due to circumstances beyond its control, including but not limited to: calls not received by the Control Centre due to problems with telephone lines, delay or failure by the emergency services to respond, adverse weather conditions.
6. Will not accept responsibility if delays occur in answering the client due to problems with the service member's telephone line being occupied by an answering machine or service, fax machine, internet connection or other telephone equipment or from adverse weather conditions.
7. Reserves the right to (i) end the Eldercare service at the discretion of the Control Centre Manager, for example, in cases of misuse or non-payment when the service member is responsible for payment (although reasonable consideration will be given if the service member has financial problems) and (ii) review the price of the Eldercare service fee and to notify the service member/ service member's representative of any change in the service fee charge with two months written notice.
8. Take protection of vulnerable adults very seriously. If any of our team suspects that there are any causes for concern, they will, with the service member's consent, raise them with the relevant authorities.
9. Reserves the right to subcontract any work relating to the contract without obtaining the consent of, or giving notice to, the customer.

### If the equipment is hired from Eldercare (UK) Ltd,

10. In the event that the service is terminated, the equipment may be recovered from the service member/ service member's representative. In the event that the equipment cannot be recovered, Eldercare (UK) Ltd reserves the right to charge a sum equivalent to the current value of the equipment.

Name: Susan M.Hawksworth on behalf of Eldercare

Signature *Susan M. Hawksworth* .....



# Service Agreement

PLEASE COMPLETE AND SEND TO US

**I (the service member/service member’s representative) agree to:**

1. Ensure that the key holders listed have been contacted, are willing to participate, and have a key to the service member’s home.
2. Inform Eldercare (UK) Ltd of any relevant changes to the service member’s personal circumstances or to key holder details.
3. Inform Eldercare (UK) Ltd of periods when I am going to be away from home e.g. on holiday or a stay in hospital.
4. Test the equipment once a month to ensure that it is working properly.
5. Give 28 days notice of requirement to terminate the service. Termination will be effective 28 days from notification.
6. My information being shared in line with the 1998 Data Protection Act - Use of Information.
7. Agree to calls that I make to the Control Centre being recorded for monitoring purposes and retained for a minimum of 12 months.

**If I have chosen to hire the equipment necessary for Eldercare (UK) Ltd to provide the service, I understand that the equipment remains the property of Eldercare (UK) Ltd at all times. I agree to:**

8. Take reasonable care of the Eldercare equipment and be responsible for any breakage, loss or accidental damage.
9. Take responsibility for insuring the Eldercare equipment under my household insurance policy.
10. Not sell, dispose of or part with the possession of the Eldercare equipment; understanding that the equipment may be recovered after the service has been terminated. In the event that the equipment is unable to be recovered by Eldercare (UK) Ltd, I understand that I could be charged a sum equivalent to its current value.
11. Allow access for maintenance, repair or recovery of the Eldercare equipment, should this be necessary.

Signed .....

Service Member/Service Member’s Representative (whichever is applicable)

Name ..... (please print) Date .....

## Key Holder 3

Name.....  
 Relationship to you.....  
 Postal address.....  
 .....  
 Postcode.....  
 Home tel. contact number.....  
 Work tel. contact number.....  
 Mobile contact number.....

## Next of Kin

Name.....  
 Relationship to you.....  
 Postal address.....  
 .....  
 Postcode.....  
 Home tel. contact number.....  
 Work tel. contact number.....  
 Mobile contact number.....

Once we have received your application, we will dispatch your equipment by post, to the service member's address unless instructed otherwise, usually arriving with you within three working days.

We recommend self-installation of pendant alarm units, as they are easy to install and come with easy-to-follow instructions. A friend or family member may assist you or, if you are unsure, you can contact our Technical Support Advisor on **0345 053 2306** (9am-5pm, Monday-Friday) and they will guide you through the instructions.

If you would rather have the equipment installed by an engineer, then we can arrange this. Please contact a Customer Service Advisor on **0345 603 4576** for details of our latest installation charges.

### OFFICE USE ONLY:

**Date Application Received:** \_\_\_\_\_  
**Equipment Type:** \_\_\_\_\_ **Serial Number:** \_\_\_\_\_  
**Payment Enclosed - Amount:** \_\_\_\_\_ **N** \_ \_ **S** \_ \_ **P** \_ \_ **100% Checks** \_ \_



# Service Application

## SERVICE MEMBER DETAILS

**APP:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_  
**ID:** \_\_\_\_\_

## To join the Eldercare service...

...all you have to do is **complete the information below and send to us at**

### **FREEPOST ELDERCARE**

No stamp or further address details required.

Alternatively, use the FREEPOST envelope if one has been enclosed.

If you need assistance or have any questions, please call the Eldercare customer service team on **0345 603 4576** (9am-5pm, Monday-Friday). They will be happy to help.

Unfortunately, you cannot become a member of the Eldercare Pendant Alarm Service if you already receive a monitored alarm service (e.g. a pull-cord system) operated by another service provider.

If you are applying for Eldercare on behalf of someone else (i.e. you are the representative of the service member) please provide us with your details below.

## Details of Service Member's Representative (complete only if applicable)

Title: Mr/Mrs/Ms/Miss/Other (please specify) .....

Surname ..... First name(s).....

Postal address.....  
 .....

Postcode.....

Email address.....

Home tel. contact number .....

Work tel. contact number.....

Mobile contact number .....

I confirm that I am happy to be contacted by Eldercare to discuss any matters regarding the service member

Name ..... Date.....

## Details of Service Member

Title: Mr/Mrs/Ms/Miss/Other (please specify) .....

Surname ..... First name(s) .....

Postal address .....

.....

Postcode.....

Email address.....

Home tel. contact number .....

Work tel. contact number.....

Mobile contact number .....

Date of birth .....

If applicable, I authorise Eldercare to contact my representative to discuss any matters regarding this service

Name ..... Date .....

## Medical Details

Doctor's name .....

Postal address.....

.....

Postcode.....

Daytime tel. contact number.....

Out of hours tel. contact number .....

To help us provide a quality service, please detail any serious medical conditions of which we should be aware e.g. any recurring illness such as heart problems or diabetes, or any eyesight or hearing problems.

Difficulty in getting around? (please tick)      Yes       No

Hard of hearing?      Yes       No

Prone to falling?      Yes       No

Poor eyesight?      Yes       No

Do you suffer with memory impairment?      Yes       No

Other conditions (please state):  
.....  
.....  
.....

Are you taking regular medication? Please give details below:  
.....  
.....

## Keysafe Information

If you already have a Key-safe installed at your property, please advise of its location and the combination code required to access the keys.

.....  
.....

If you do not have at least two people that hold keys for your property then you will need to have a Key-safe installed. We are able to supply and fit a Police approved Key-safe at your property for £115.00 (exc VAT). Please tick this box  if you would like to purchase a Key-safe from Eldercare.

## Key Holder Details and Next Of Kin

It is very important that you provide us with details of at least two key holders. A key holder can be a friend, a relative, a neighbour or a member of a voluntary organisation who you would like us to contact on your behalf, if you should need them. They should be able to get to you within 30 minutes, agree to hold a key to your home and be contactable at all times.

On receiving your call for assistance, we will contact them in the order listed below. Additionally, please provide details of your next of kin.

### Key Holder 1

Name.....

Relationship to you.....

Postal address.....

.....

Postcode.....

Home tel. contact number .....

Work tel. contact number.....

Mobile contact number .....

### Key Holder 2

Name.....

Relationship to you.....

Postal address.....

.....

Postcode.....

Home tel. contact number .....

Work tel. contact number.....

Mobile contact number .....