Herts Careline
Because independence is important

000028 0012 3457

ONLINE VERSION

Application form

Community alarm service / Telecare service

Alarm ID no:_____ (office use only)

Aug 2016

Personal details (service user one)

Title: First name:

Surname:

Property number: Property name:

Street:

Town/village:

Postcode:

Landline number:

Mobile number:

Email address (if you have one):

Key safe code: Key safe location:

(Only complete these key safe details if you have an existing key safe attached to your property).

Housing tenure: (please tick)

Owner/occupier ☐ Rent from a private landlord ☐ Rent from a council or housing association ☐

Other

Ethnicity: Marital status:

Please confirm that you speak English: Yes ☐ No ☐ N

If not please state preferred language:

D.O.B: D D M M Y Y Y Y Gender:

NORTH HERTFORDSHIRE DISTRICT COUNCIL

Hertfordshire Independent Living Service
Supporting your independence

Hertfordshire TRADING STANDARDS APPROVED

Which? Trusted trader

Health

Your Doctor

Are these GP details for Service user one, ☐ **two** ☐ **or both** ☐

GP surgery name:

GP surgery address:

GP telephone number:

Medical issues/risks: Please list any medical conditions you have so we can add them to your record so that we are aware of them in case you need medical assistance.

Some medical conditions entitle you to relief from paying VAT.
Please see the VAT Exemption Form on page 6 of this pack for details.

Your Care Package

Is this care package for Service user one, ☐ **two** ☐ **or both** ☐

If you're under the care of district nurses / carers etc., please provide details below.

Provider name:

Carers telephone number:

Number of visits:

Approx. times:

Do you use any other Herts County Council or NHS services? If yes please give details:

Service user two (if applicable, must live at the same address)

Title: **First name:**

Surname:

Ethnicity:

Please confirm that you speak English: Yes Y No N

If not please state preferred language:

D.O.B: D D M M Y Y Y Y **Gender:**

Responder one

Relatives/friends or Next of Kin that can respond within 30 minutes or can be contacted for informational purposes.

Title: **First name:**

Surname:

Property number: **Property name:**

Street:

Town/village:

Postcode:

Landline number:

Mobile number:

Availability times: **Relationship to service user:**

Email address (if they have one):

Key holder: Yes Y No N **Next of kin:** Yes Y No N

Responder two

Relatives/friends or Next of Kin that can respond within 30 minutes or can be contacted for informational purposes.

Title: **First name:**

Surname:

Property number: **Property name:**

Street:

Town/village:

Postcode:

Landline number:

Mobile number:

Availability times: **Relationship to service user:**

Email address (if they have one):

Key holder: Yes Y No N **Next of kin:** Yes Y No N

To provide more than two responder details or if you have any additional details to tell us, please use the Additional information sheet on page 5 of this booklet.

Who should we contact to arrange an installation appointment?

First name: **Surname:**

Landline number:

Mobile number:

Email address (if you have one):

Are there any access or safety issues at the property?
e.g. Do you have a dog, can access be gained?

To whom would you like your invoices and correspondence to be sent?

Installation

Our alarm units require a power socket and a telephone landline. If you do not have a telephone landline then we can install a unit that uses a mobile phone network at small additional charge.

Do you have a telephone landline? Yes Y No N

Is there a spare electrical socket next to or very near to the telephone socket? (We can supply an extension lead and / or plug adapter at an additional charge if we are informed prior to installation) Yes Y No N

Is there a key safe for emergency access? Yes Y No N

If you already have a key safe, please supply the key safe code and location in the box provided in the Property Details section (page 1) of this application pack. If you do not have a key safe we will install one for you free of charge.

How did you hear about Hertfordshire Careline? (Please specify)

Website, local newspaper, Council, library, GP surgery, event, advert, social worker, family/friend

Do you use or are you interested in any of the following services?

Meals on wheels	Already use	☐	Interested in	☐
Gardening help	Already use	☐	Interested in	☐
Housework help	Already use	☐	Interested in	☐
Handyman service	Already use	☐	Interested in	☐
Home adaptations e.g. grab rails	Already use	☐	Interested in	☐
Friendship visits	Already use	☐	Interested in	☐
Community transport	Already use	☐	Interested in	☐
Attendance Allowance	Already claim	☐	Interested in	☐
Disability Living Allowance	Already claim	☐	Interested in	☐
Personal Independence Payment	Already claim	☐	Interested in	☐
Pension Credit	Already claim	☐	Interested in	☐
Housing/Council Tax Benefit	Already claim	☐	Interested in	☐

Additional information

Herts Careline
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VAT exemption form

Standalone equipment

Ref: VAT Leaflet 701/7

You **must** complete and return this form with your application pack

North Hertfordshire District Council must charge you VAT on the supply of your standalone equipment service. However, some people are eligible for VAT relief. If you are chronically sick or disabled you may apply to be exempt from the VAT charges depending on meeting the criteria below:

Criteria (please tick where relevant)- at least one box should be ticked, please read each statement carefully

Paragraph 1:

- You do not have a chronic illness or disability so you are not entitled to tax exemption ☐
- You have a physical or mental impairment which has a long term and substantial adverse effect upon your ability to carry out everyday activities. Please give full and specific description of your condition in the box below. ☐
- You have a condition which the medical profession treats as a chronic sickness such as diabetes (please give full and specific description of your condition in the box below). ☐
- You are terminally ill. ☐

Additional details

DECLARATION OF ELIGABILITY FOR EXEMPTION FROM VAT

I (Full name)

Of (Full address)

Declare that I am an eligible person under paragraph 1 of VAT leaflet 701/7 above and that I am receiving a standalone equipment service from Herts Careline, a not-for-profit service of North Hertfordshire District Council, Council Offices, Gernon Road, Letchworth, Hertfordshire, SG6 3JF.

NOTE - If you are unable to declare and sign this form the signature of a family member, guardian, doctor or another responsible person is acceptable.

Please tick one I am the service user ☐ I am signing on behalf of the service user ☐

Signature **Date**

Print name if signing on behalf of service user:

(If you are in any doubt about whether you are eligible, you can obtain further advice from HMRC on 0300 123 1073 before signing the declaration. Please be aware that it is an offence to make a false statement.)

Return to Hertfordshire Careline, North Hertfordshire District Council, Council Offices Gernon Road, Letchworth Garden City, Hertfordshire SG6 3JF

Herts Careline
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Careline is a not-for-profit service of
NORTH HERTFORDSHIRE DISTRICT COUNCIL

Instruction to your Bank or Building Society to pay by Direct Debit

DIRECT Debit

Originators Identification Number

9	4	1	7	6	3

Please fill the whole form in BLOCK CAPITALS and return to

Hertfordshire Careline
North Hertfordshire District Council
Council Offices, Gernon Road
Letchworth Garden City
Hertfordshire SG6 3JF

FOR INFORMATION ONLY

This is not part of the instruction to your Bank/Building Society

Payment for recurring invoices will be taken on the next collection date following the due date of the invoice. Collection dates are either 5th or 20th monthly. Where this date falls on a weekend or Bank holiday payment will be taken on the next working day.

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

2. Branch Sort Code

3. Bank/Building Society Account number:

4. Name and full postal address of your Bank/Building Society:

To: The Manager _____

_____ Bank/ Building Society

Address _____

_____

_____ Postcode _____

5. Reference (NHDC Customer Number – office use only)

6. Customer name:

7. Customer address:

INSTRUCTION TO YOUR BANK / BUILDING SOCIETY.
Please pay North Hertfordshire District Council Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with North Hertfordshire District Council and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s) _____

_____

Date _____

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

This guarantee should be detached and retained by the payer

THE DIRECT DEBIT GUARANTEE

* This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank/Building Society.
* If the amounts to be paid or the payment dates change, NORTH HERTFORDSHIRE DISTRICT COUNCIL will notify you 10 working days in advance of your account being debited or as otherwise agreed.
* If an error is made by NORTH HERTFORDSHIRE DISTRICT COUNCIL or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
* You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

DIRECT Debit

INSTRUCTIONS: PLEASE SIGN THIS PAGE AND RETURN IT TO HERTFORDSHIRE CARELINE ALONG WITH YOUR COMPLETED APPLICATION, VAT EXEMPTION FORM (IF ONE IS RELEVANT), AND DIRECT DEBIT FORM.

8. Cancellation Notice

8.1 The Client is entitled to an initial "cooling off" period and has 14 calendar days from the date of signing this agreement to cancel the agreement (the "Cancellation Period") by either completing and returning the cancellation notice supplied or by the client submitting by either letter, email, or fax a clear statement confirming the decision to cancel this agreement. Clients exercising their cancellation rights, as set out above, will be given a full refund of any money paid to the Council in advance in respect of the Service except in circumstances where the Client has requested commencement of this agreement within the Cancellation Period in which case the charges specified in the Schedule will apply. Where the Client cancels this agreement after the Cancellation Period has come to an end then the Council alone (acting reasonably) will decide what proportion (if any) of money paid by the Client for the Service will be refunded to the Client. The Cancellation Period starts on the day after this agreement is made.

9. Miscellaneous

9.1 It is the Council's responsibility to supply the Client with goods that meet the Client's consumer rights. If the Client has any concerns that the Council has not met its legal obligations then they should contact the Council at the address in clause 6.6.

9.2 This agreement shall be governed by and construed in accordance with the laws of England and the parties irrevocably submit to the exclusive jurisdiction of the courts of England. If any term, condition or provision contained in this agreement shall be held to be invalid, unlawful or unenforceable to any extent, such term, condition or provision shall to that extent be omitted from this agreement and shall not affect the validity, legality or enforceability of the remaining parts of this agreement.

9.3 A person who is not a party to this Agreement shall not have any rights under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this agreement.

A COPY OF THIS AGREEMENT IS TO BE RETAINED BY THE CLIENT FOR THEIR INFORMATION AND FUTURE REFERENCE.

I/We have read and understood and agreed to the conditions of this agreement. I/We wish to proceed to procure the Careline Service.

I/We do/do not give consent to the sharing of my/our data with third parties as detailed in clause 7.2.3. [Please circle "do" or "do not" as appropriate]

***Option 1: I/We would like this agreement to start as soon as possible which may be before the end of the Cancellation Period.**

***Option 2: I/We would not like this agreement to start until the Cancellation Period has come to an end.**

Name:

Address:

Signature: **Date:**

***Please delete whichever of option 1 or option 2 above does not apply to you.**

RETAIN THIS YELLOW COPY FOR YOUR RECORDS AND KEEP IT WITH THE ENCLOSED FULL COPY OF YOUR SERVICE AGREEMENT

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Signature: **Date:**

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