



SUPPLY OF PERSONAL ALARM UNIT TO AN INDIVIDUAL

Value Added Tax Eligibility Declaration Form	
I (Mr / Mrs / Miss)	(full name)
Address	
Telephone number	
Declare that I am handicapped* or disabled* (*delete as appropriate) and that I am suffering from (please give description of illness)	
And that I am receiving from: Bield Housing Association Ltd Bield Response24 18 Castlebank Gardens Anniesland Glasgow G13 2BG a personal alarm unit and / or the services of monitoring a personal alarm unit for my personal use. I claim relief from Value Added Tax under Group 14 of Schedule 5 to the Value Act 1983.	
Signature	
Date	

***Handicapped** means chronically sick or suffering of a severe and long-term nature.

***Disabled** implies a permanent condition which significantly restricts normal activity.

NB: It is inappropriate to make a false declaration and there are severe penalties for doing so. If you are in any doubt about your own eligibility for the goods and services you are buying, you should contact the Bield Response24 centre on 0141 950 1025 before signing this. Alternatively you can get advice from your local VAT office.



APPLICATION FORM – PERSONAL ALARM UNIT

This section to be completed by Bield Response24 office staff	
Alarm Identity Number	Serial Number
Installation Date	Unit Type

Client	Title	First name	Surname	Date of birth
1	Mr / Mrs / Miss			/ /
2	Mr / Mrs / Miss			/ /

Address	
Postcode	Telephone number

Medical Information
<p>Please specify any illness or disability which may help us when answering your call i.e. poor mobility, hard of hearing, history of heart attack – NB: do not list actual medicines taken.</p>

Doctors Details		
	Client number 1	Client number 2
Doctors name and first initial		
Surgery Address		
Daytime telephone number		
Emergency telephone number		

Local Emergency Contacts

First Contact		Second Contact
Name		
Address		
Telephone number (day)		
Telephone number (night)		
Mobile number		
Is the above contact a keyholder?	Yes / No	Yes / No
Relationship to client		
Third Contact		NEXT OF KIN
Name		
Address		
Telephone number (day)		
Telephone number (night)		
Mobile number		
Is the above contact a keyholder?	Yes / No	Yes / No
Relationship to client		

Visiting Services

Please specify details of home help, meals on wheels, district nurse etc.

Additional relevant information

Please specify any other details which may be of use to us when answering your call.

Acceptance / Invoicing Information

I wish to **purchase / rent*** a dispersed unit from Bield Response24 (*delete as appropriate)

Please tick preferred method of installation:

	Preferred	Actual installation method (to be completed by Response24 staff)
A A Bield Member of staff to install the alarm		
B Royal Mail to deliver the alarm to your home		
C I will arrange to collect the unit from the Response24 centre at Anniesland, Glasgow and install it		

Details of costs are outlined in the information pack.

Please do not hesitate to contact the staff at Bield Response24 if you wish to discuss/query any part of this application form.

DATA PROTECTION ACT 1998

You should be aware that the information that you have supplied on this form will be used by Bield Housing Association Limited (the "Data Controller" in terms of the Act) for the purposes of processing your application. If your application is successful the information will be used for the purposes of the provision of Bield Response24. The information may be disclosed to 3rd parties for the provision of this service. It will not be used for any other purpose. By submitting the attached form to Bield Response24 you are expressly consenting to the use of the information as outlined above.

You have the right to ask for a copy of the information that Bield Response24 holds about you – for which we might charge a small fee. You have the right to have any inaccuracies in the information rectified. Should you require a copy of the information please contact Bield Response24, 18 Castlebank Gardens, Glasgow, G13 2BG. Tel: 0141 950 1025.

PLEASE NOTE ALL CALLS TO BIELD RESPONSE24 ARE RECORDED**To be completed by Bield Response24 office staff**

Payee (if different from above named customer)	
Name	
Address	
Postcode	Telephone number

Charges

Monitoring	Yes / No
Rental	Yes / No
Purchase	Yes / No
VAT	Yes / No

Bield Response24 Notes

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