

Responder Two:

Title: Mr/Mrs/Ms/Miss/Other (Please delete as applicable)
Surname:
Forename:
Relationship to you:
Address:
Postcode:
Home Tel:
Mobile:
Other contact number:

Responder Three:

Title: Mr/Mrs/Ms/Miss/Other (Please delete as applicable)
Surname:
Forename:
Relationship to you:
Address:
Postcode:
Home Tel:
Mobile:
Other contact number:

Next of Kin:

Title: Mr/Mrs/Ms/Miss/Other (Please delete as applicable)
Surname:
Forename:
Relationship to you:
Address:
Postcode:
Home Tel:
Mobile:
Other contact number:

Carer:

Company Name:
Daytime Tel:
Out of Hours Tel:

Care Package information

Monday calls: Yes Times:
Tuesday calls: Yes Times:
Wednesday calls: Yes Times:
Thursday calls: Yes Times:
Friday calls: Yes Times:
Saturday calls: Yes Times:
Sunday calls: Yes Times:

Support provided by carers:
.....
.....

Please also complete part B of the application form.

Part A Application Form



To join the Safe & Sound Service all you need to do is complete the information in this application form and send it back to us with the Freepost envelope provided (no stamp required)

Please quote your reference number (if known):

Please be aware that the Safe & Sound Pendant Alarm Unit requires you to have an available plug socket and working landline telephone point. These need to be within 1 metre of each other on the same wall and the landline must be able to make out going calls.

If you do not have an active telephone line we are able to provide a GSM Alarm Unit at an extra cost.

If you need any assistance or have any questions, please call the Wellbeing Team on **0121 717 1515** (9am-5pm, Monday-Friday) We will be happy to help.

Details of Service Member:

Title: Mr/Mrs/Ms/Miss/Other (Please delete as applicable)

Surname:

Forename:

Address:

Postcode:

Date of Birth:

Home Tel:

Mobile:

Email:

If applicable, I authorise Solihull Community Housing to contact my representative, listed on the next page, to discuss my membership

Signed:

Date:

Service Members Representative (if applicable):

Title: Mr/Mrs/Ms/Miss/Other (Please delete as applicable)

Surname:

Forename:

Address:

Postcode:

Date of Birth:

Home Tel:

Mobile:

Email:

If applicable, I authorise Solihull Community Housing to contact my representative, listed on the next page, to discuss my membership

Signed:

Date:

Service Members Medical Details:

Doctor's Name:

Surgery Address:

Daytime Tel:

Out of Hours Tel:

Difficulty in getting around? 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:

Are you taking any regular medication?

Please give details below:

Keysafe Information:

A Keysafe is a safe which is securely and discreetly installed to the outside of your property. This allows you to keep a set of keys for access to your property for situations when somebody such as Emergency Services, Carers, Family/Friends, need to reach you and you are unable to answer the door. We supply and fit the "C500 Keysafe" which is approved by the West Midlands Police and will only allow access to the keys by somebody who knows your selected code.

Please tick this box if you wish to purchase a Keysafe.

Please tick this box if you already have a Keysafe.

A member of our team will call you to discuss the location and the code needed for your Keysafe. If you do not have at least two people listed as responders who also have keys to access your home then we advise you to have a Keysafe installed.

Responders and Next of Kin

It is very important that you provide us with at least two responders who we are able to contact if you should need them. Responders can be friends, family or neighbours who are able to get to you in under 45 minutes and be contactable at all times. If you do not have a Keysafe they will also need to hold a key to your home.

Next of Kin is the person/people you would like us to contact in the event emergency services are called. We will not contact them as a responder unless they are also listed as one.

On receiving your call for assistance we will contact your responders in the order you have provided. If you select the Safe & Sound Plan, an experienced member of the Wellbeing Team could also be contacted as a back-up responder should your chosen responders be unavailable.

Responder One:

Title: Mr/Mrs/Ms/Miss/Other (Please delete as applicable)

Surname:

Forename:

Relationship to you:

Address:

Postcode:

Home Tel:

Mobile:

Other contact number:



SCH Wellbeing | Solihull Community Housing

Endeavour House, Meriden Drive, Solihull, B37 6BX
Tel: 0121 717 1515 Email: wellbeing@solihullcommunityhousing.org.uk

solihullcommunityhousing.org.uk

Part B

Application Form



Please select the plan of your choice below:

Plan (please select one)

Safe & Sound Plan - £5.45 per week

Safe & Sound Lite Plan - £3.27 per week

(Please tick if applicable)

I do not have a working telephone line
and would like more information about the GSM
Pendant Alarm Unit

Additional Package (please select as applicable)

Fire Safety Package -
Weekly Plan Cost Plus £1 per week

Falls Safety Package -
Weekly Plan Cost Plus £1 per week

Installation Option (please select one)

Assisted Installation -
Additional one off charge of £35
Self-Installation

If you wish to have the equipment sent to a
different address please state below.

Name:

Address:

Postcode:

Prices quotes exclude VAT and may be subject to VAT
exemption if you have a chronic illness/disability under the
1994 VAT Act, Section 30, Schedule 8, Group 12, F72.
Please complete the declaration if applicable.

VAT Exemption Declaration

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

State nature of illness/disability

.....
.....
.....

I am receiving the Safe & Sound Pendant Alarm Service and
claim relief from VAT Section 30, Schedule 8, Group 12, F72 of
the VAT Act 1994

Name:

Address:

.....
.....

Postcode:

Tel:

Signed:

Date:



Please see overleaf for Direct Debit form



SCH Wellbeing | Solihull Community Housing

Endeavour House, Meriden Drive, Solihull, B37 6BX

Tel: 0121 717 1515 Email: wellbeing@solihullcommunityhousing.org.uk

solihullcommunityhousing.org.uk



Name of Account Holder

Bank/Building Society Account Number

Branch Sort Code

Name and full postal address of your Bank/Building Society

Instruction to your bank or building society to pay by Direct Debit

Service User Number

Reference

Instruction to your Bank or Building Society
Please pay Solihull Community Housing Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Solihull Community Housing and, if so, details will be passed electronically to my bank/ building society.

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account



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 Solihull Community Housing will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Solihull Community Housing 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 Solihull Community Housing 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 Solihull Community Housing 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 Solihull Community Housing.



SCH Wellbeing | Solihull Community Housing

Endeavour House, Meriden Drive, Solihull, B37 6BX

Tel: 0121 717 1515 Email: wellbeing@solihullcommunityhousing.org.uk

solihullcommunityhousing.org.uk

Part A

Service Agreement

Please keep this copy for your records

This Agreement is between Solihull Community Housing and (name of service member/service member's representative)

.....
for the provision of the Safe & Sound 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 Safe & Sound equipment if applicable). Once you have signed the Agreement you have the right to cancel within 21 days. Please contact us in writing to tell us that you have decided to cancel.

Solihull Community Housing | Safe & Sound:

1. Will undertake to answer calls from your Safe & Sound equipment 24 hours per day, 365 days per 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 Safe & Sound equipment should it malfunction as soon as is practicable.
4. Cannot accept responsibility for maintaining equipment not supplied by, or purchased from Solihull Community Housing
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 Safe & Sound service at the discretion of the Safe & Sound 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 Safe & Sound service fee and to notify the service member/service member's representative of any change in the service fee charge with 1 months written notice.
8. Take protections of vulnerable adults very seriously. If any of our team suspects that there are any causes for concern, they will, with the service members 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.
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, Solihull Community Housing reserves the right to charge a sum equivalent to the current value of the equipment.

Part A

Service Agreement

Please keep this copy for your records

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 service members' home.
2. Inform Safe & Sound of any relevant changes to the service member's personal circumstances or to key holder details.
3. Inform Safe & Sound of periods when I/ we are going to be away from home e.g. on holiday or a stay in hospital.
4. Test the equipment once per 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.
8. Take reasonable care of the Safe & Sound equipment and be responsible for any breakage, loss or accidental damage.
9. Take responsibility for insuring the Safe & Sound equipment under my household insurance policy.
10. Not to sell, dispose of or part with the possession of the Safe & Sound equipment; understanding that the equipment must be recovered after the service has been terminated. In the event that the equipment is unable to be recovered by Solihull Community Housing, I understand that I could be charged a sum equivalent to its current value.
11. Allow access for maintenance, repair or recovery of the Safe & Sound equipment, should this be necessary.
12. Cover the cost of any repairs to the property caused in the event of forced access by Safe & Sound during a response to any alarm activation.

Part B

Service Agreement



Please complete this form and return to us using the freepost envelope provided

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 service members' home.
2. Inform Safe & Sound of any relevant changes to the service member's personal circumstances or to key holder details.
3. Inform Safe & Sound of periods when I/ we are going to be away from home e.g. on holiday or a stay in hospital.
4. Test the equipment once per 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.
8. Take reasonable care of the Safe & Sound equipment and be responsible for any breakage, loss or accidental damage.
9. Take responsibility for insuring the Safe & Sound equipment under my household insurance policy.
10. Not sell, dispose of or part with the possession of the Safe & Sound equipment; understanding that the equipment must be recovered after the service has been terminated. In the event that the equipment is unable to be recovered by Solihull Community Housing, I understand that I could be charged a sum equivalent to its current value.
11. Allow access for maintenance, repair or recovery of the Safe & Sound equipment, should this be necessary.
12. Cover the cost of any repairs to the property caused in the event of forced access by Safe & Sound during a response to any alarm activation.

Signed:

Date:

Service Member/Service Member's Representative (as applicable)

Name (please print):

Relation to client (if applicable):