

Lifeline application

We endeavour to match people to the best equipment available for their lifestyle.

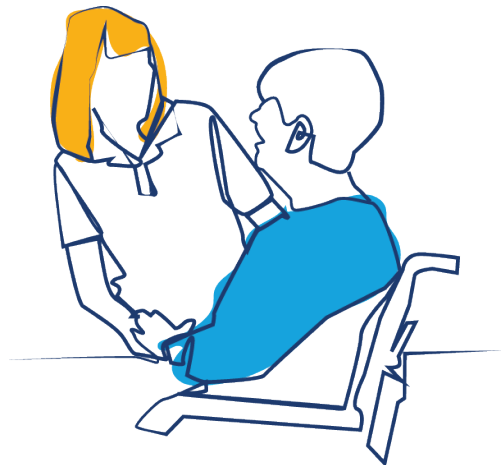


PART OF THE
CORSERV GROUP
A CORNWALL
COUNCIL COMPANY

Thank you for choosing our service.

If you need help in understanding this form, please
contact the customer services team on

0300 7900 603



Your details - Client 1

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐

Surname

Forename(s)

Date of Birth
 / /

Gender

Preferred language

About where you live

Home telephone number

Mobile

Email

Telephone service provider

Key safe no.

Key safe location

Direction to the property

Type of property

Your address

Property name

Address

Postcode

Is another person living with you?

Yes ☐ No ☐ Relationship

Client 2 details

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐

Surname

Forename(s)

Date of Birth
 / /

Gender

About your health

GP surgery - client 1

GP telephone number - client 1

GP surgery - client 2

GP telephone number - client 2

Your medical details

Client 1

Please tick all that apply to you

Cognitive awareness

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Poor concentration | <input type="checkbox"/> Memory loss |
| <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Speech difficulties | <input type="checkbox"/> Other |

Sensory issues

- | | |
|--|--|
| <input type="checkbox"/> Blind | <input type="checkbox"/> Partially sighted |
| <input type="checkbox"/> Profoundly deaf | <input type="checkbox"/> Partial hearing |
| <input type="checkbox"/> Hearing aid | <input type="checkbox"/> Other |

Medical health

- | | |
|---|---|
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Angina |
| <input type="checkbox"/> Circulation | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Breathing difficulties | <input type="checkbox"/> Oxygen at home |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Blood disorder |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Warfarin |
| <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Steroids |
| <input type="checkbox"/> Other | |

Physical issues

- | | |
|---|--|
| <input type="checkbox"/> History of falls | <input type="checkbox"/> Poor mobility |
| <input type="checkbox"/> Other | <input type="text"/> |
| <input type="checkbox"/> Aids used | |

Anything else you want to tell us about

E.g. environmental factors such as stair lifts, any allergies:

Client 2

Please tick all that apply to you

Cognitive awareness

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Poor concentration | <input type="checkbox"/> Memory loss |
| <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Speech difficulties | <input type="checkbox"/> Other |

Sensory issues

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| <input type="checkbox"/> Other | |

Physical issues

- | | |
|---|--|
| <input type="checkbox"/> History of falls | <input type="checkbox"/> Poor mobility |
| <input type="checkbox"/> Other | <input type="text"/> |
| <input type="checkbox"/> Aids used | |

Anything else you want to tell us about

E.g. environmental factors such as stair lifts, any allergies:

About your emergency contacts

Please list those people with whom you have entrusted a key to your home, and who will be willing to be contacted and to respond in the event of an emergency. A keyholder can be a relative, friend or neighbour who you want us you contact should you need them or can provide access to your home for the emergency services. A key holder should preferably live within 40 minutes travelling time of your home. You should have a minimum of two key holders. Please consider asking us to install a Police approved key safe.

Contact 1

Name

Address (including postcode)

Travel time to you

Contact numbers

Home

Work

Mobile

Relationship (Next of kin, son, daughter etc.)

Does this person hold a key? Yes ☐ No ☐

Contact 2

Name

Address (including postcode)

Travel time to you

Contact numbers

Home

Work

Mobile

Relationship (Next of kin, son, daughter etc.)

Does this person hold a key? Yes ☐ No ☐

Contact 3

Name

Address (including postcode)

Travel time to you

Contact numbers

Home

Work

Mobile

Relationship (Next of kin, son, daughter etc.)

Does this person hold a key? Yes ☐ No ☐

Contact 4

Name

Address (including postcode)

Travel time to you

Contact numbers

Home

Work

Mobile

Relationship (Next of kin, son, daughter etc.)

Does this person hold a key? Yes ☐ No ☐

Client 1

Next of kin/ advocate /
power of attorney

Name

Address

Postcode

Relationship

Do you have a carer

Name

Frequency of visits

Telephone number

Client representative
authorisation

☐

Please tick this box if you wish to nominate the following person as your personal representative

☐

Please tick this box if you want all invoices and correspondence sent to the client representative

☐

Please tick this box if you want all future invoices and correspondent sent direct to you

Title:

Mr

☐

Mrs

☐

Ms

☐

Miss

☐

Surname

Forename(s)

Address

Postcode

Telephone number

Relationship

Client 2

Next of kin/ advocate /
power of attorney

Name

Address

Postcode

Relationship

Do you have a carer

Name

Frequency of visits

Telephone number

Client representative
authorisation

☐

Please tick this box if you wish to nominate the following person as your personal representative

☐

Please tick this box if you want all invoices and correspondence sent to the client representative

☐

Please tick this box if you want all future invoices and correspondent sent direct to you

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐

Surname

Forename(s)

Address

Postcode

Telephone number

Relationship

Choose the equipment you would like

	Monthly price VAT exempt	Tick to select option	Number required
Device			
Gold Enhanced Digital IP Andi Hub “Lifeline plus” (supplied with one button)	£40.00		
Silver Dual Path Digital IP Lifeline Hub (dual SIM or SIM & Ethernet) (supplied with one button)	£29.50		
Analogue Lifeline or Bronze Single Path Digital IP Lifeline Hub (Analogue PTSN or Ethernet via Router) (supplied with one button)	£18.01		
GPS mobile device (SOS, geofencing and fall detection)	£33.87		
Ownfone (Mobile Telecare)	£26.03		
Carer Pager	£11.54		
Additional Pendant	£3.45		
All our additional sensors are wireless and available for you to add to any of our Gold, Silver or Bronze hubs or carer pager:			
Fall Detector (wrist worn)	£7.51		
Smoke Detector	£6.29		
Carbon Monoxide Detector	£6.52		
Inactivity Sensor (PIR)	£8.44		
Bed or Chair Occupancy Sensor	£17.40		
Floor Sensor Mat	£17.40		
Property Exit Sensor (PES) / Door Alarm	£17.28		
Jellybean (Big Button)	£3.45		
Medication Alert & Dispenser	£9.24		
Medication Carousel (Spare)	£2.19		
Epilepsy Sensor	£29.43		
Memo Minder	£5.47		
Heat Detector	£10.23		
Universal Sensor	£10.93		
Own Device Monitoring	£6.23		
Visual pager pillow alert set (for hearing impaired clients)	£22.29		
Keysafe (one off cost, includes installation)	£144.75		

Lifeline and Assisted Living relief from VAT

You may be able to claim VAT relief on your Telecare equipment, subject to certain qualifying conditions.

You do not have to pay VAT on some goods and services if you are disabled and the goods are designed to help you with your daily living. You must sign the declaration on page 9 to claim VAT relief.

Who is eligible for VAT relief?

VAT law states that to qualify for VAT relief:

- the person is 'chronically sick or disabled'
- the goods and services are purchased or acquired for their personal or domestic use.

What does 'chronically sick or disabled' mean?

A person is 'chronically sick or disabled' if he/she is a person:

- with a physical or mental impairment which has a long-term and substantial adverse effect upon his/her ability to carry out everyday activities
- with a condition which the medical profession treats as a chronic sickness, such as:
 - diabetes
 - heart disease
 - cardiovascular disease
 - hypertension
 - kidney disease
 - arthritis
 - epilepsy
 - osteoporosis
- who is terminally ill.

A person with a temporary injury like a broken leg would not qualify, nor would a frail older person who is otherwise well and not disabled.

If a parent, spouse or guardian acts on behalf of a 'chronically sick or disabled' person, your supply is treated as being made to that 'chronically sick or disabled' person.

If you are still unsure about your eligibility you should get advice from the National Advice Service on 0845 010 9000.

VAT relief declaration:

The monitoring service and all Telecare equipment is exempt from VAT for those people who have long term medical conditions (the enclosed VAT exemption form needs to be completed for the exemption to be actioned) Any other equipment which is supplied to the client will be subject to VAT at the current rate.

The person named is eligible (as detailed below) for relief from VAT under the VAT act 1994. The purchase is being made for item(s) exclusively for their own use. I acknowledge that it is a criminal offence to make a false declaration.

I confirm that I am receiving the equipment and services from Lifeline and Assisted Living and claim relief from VAT Section 30, Schedule 8, Group 12 of the VAT Act 1994.

I declare that I am chronically sick or have a disabling condition by reason of:

My name and relationship, if not the named individual:

Client Signature

Print name

Date



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

Please fill in the whole form using a ball point pen and send it to:

Corserv Solutions Ltd
Corserv Care
Western Group Centre
Radnor Road
Scorrier
Redruth
Cornwall
TR16 5EH

Service user number

5 3 5 3 1 1

Name(s) of account holder(s)

Bank/Building Society account number

Branch Sort Code

Name and full postal address of your Bank or Building Society

To: The Manager

Bank/Building Society

Address

Post code

Reference

For Corserv Solutions Ltd official use only.

This is not part of the instruction to your bank or building society. Please confirm the name and address of the person and property that is receiving our service:

Instruction to your Bank or Building Society

Please pay Corserv Solutions Ltd 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 Corserv Solutions Ltd 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

Care DDI 2024

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 accept instructions to pay Direct Debits.
- If there are any changes to the amount or frequency of your Direct Debit Corserv Solutions Ltd will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request Corserv Solutions Ltd to collect payment, confirmation of the 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 Corserv Solutions Ltd 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 Corserv Solutions Ltd asks you to
- You can cancel a Direct Debit at any time at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Lifeline hire and service agreement

The service is run in accordance with all regulations and legislation. There is a system to review this compliance periodically and as legislation changes. Lifeline and Assisted Living adheres to its policies for equality and diversity, privacy and confidentiality, health and safety of service users and staff and protection of vulnerable adults.

Your information will be reviewed at least annually and after a significant incident. Should you require any changes to be made in the interim or have any queries, you can contact Lifeline and Assisted Living by calling 0300 7900 603, or activating the alarm equipment, writing to Corserv Care Lifeline, Office 21, Victoria Commercial Centre, Station Approach, Victoria, Roche, St. Austell. PL26 8LG or emailing



lifelineadmin@corservcare.co.uk



www.corservcare.co.uk/care-services/lifeline

Lifeline and Assisted Living would also like to keep you informed on any relevant product/service developments and as part of a random selection, within a year, to send out customer satisfaction surveys (you may opt in to these offers by selecting the appropriate box below).

We are willing to receive relevant updates by:

☐

Post

☐

Email

☐

Telephone

☐

Text message

We are willing to participate in a customer satisfaction survey

Where did you hear about us?

☐

Friends and family

☐

Internet

☐

Council information

☐

Lifeline leaflet

☐

Event or demonstration

☐

Doctor's surgery

☐

Other (please state):

- I request that Lifeline and Assisted Living provides me the services subject to Lifeline terms and conditions of sale
- I confirm that I have asked the permission of the persons supplied as Emergency Contacts, and they are aware they may be called upon anytime night or day, and their calls to Lifeline will be recorded
- I have read and understood the privacy notice and agree to my details being held and I have selected the direct mailing options I am willing to receive on page 12.

I hereby accept the Lifeline terms and conditions of sale

Client 1 signature	Print name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Client 2 signature	Print name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Lifeline representative signature	Print name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tick selection below if you are completing this form on-screen and unable to sign the document

☐

Client 1 accepts Lifeline terms and conditions

☐

Client 2 accepts Lifeline terms and conditions

What to do next

Complete the application form then click on submit button below.

if your computer doesn't allow you to email the form direct, please save the form on your PC and attach it to an email to lifelineadmin@corservcare.co.uk.

Thank you for choosing our service.

If you need help in understanding this form, please contact the customer services team:

0300 7900 603

or email - lifelineadmin@corservcare.co.uk



CORSERV CARE

Corserv Care Lifeline
Office 21
Victoria Commercial Centre
Station Approach
Victoria, Roche
ST. AUSTELL
PL26 8LG

0300 7900 603



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