



SYSTEM

Enrolment & Equipment Annual

<input type="checkbox"/> At Home Alert System	£199	£365
<input type="checkbox"/> Mobile Telephone	£150	£365
<input type="checkbox"/> Mobile Alert	£199	£365

HOW TO ORDER

Please complete this first page reservation form and we will call by back and complete an application form with you on the telephone. You need send no money now.

If you can please complete the application form below then please do so.

The reservation form or completed application form should be faxed to +44 870 868 3700 or scanned and emailed to secretary@intouch24.co.uk. Once the form has been received by our representatives you will be called back so the information can be checked or completed and when all is satisfactory then payment arranged.

If we have your telephone details and you wish to set everything up over the telephone we are happy to call you back to do so.

Client Name _____

Client Address _____

Client Telephone number _____ email _____



Application Form for an Intouch24 Care Service

Guidelines for completing this form:

Please complete this form with a black pen using **BLOCK CAPITALS**, taking care to ensure that:

- All contact numbers are completed legibly including area code prefix
- You fax the completed form to Intoch24 on Fax No: +44 **8708683700 OR**
- Email or post to the addresses below
- You have entered your name and contact telephone number in the box below
- You (or a representative) must not attempt to install the equipment until Intoch24 Response Centre have confirmed to you that your details have been entered onto system.

Main Contacts Name for setting up the order and making arrangements

Contact Name: _____ Tel No: _____

The Contact can be a person organising the service and need not be the final client.

This is the person our monitoring response centre will call to confirm and setup this order.

Please complete as much of this form as you can BUT we will call you to help complete the form if you have not filled in an important item. Please call our representative at any time for assistance.

Equipment Delivery Address if different from Client Details below

Name: _____ Surname: _____ Telephone number _____

Address: _____

_____ Postcode: _____



Pricing Information

Package	Enrolment & Equipment	Annual fee	Detail
At Home	£199	£365	Pendent Triggered
Mobile Telephone	£150	£365	Hi tech mobile telephone
Mobile Alert	£199	£365	Tracking device

Level of Service Required

At Home Mobile Alert

Other

The cost of the service and service details will be confirmed at time of payment.

Setup Cost £ Cost of Service £



Client details

Mr/Mrs/Miss/Ms/Other (delete as applicable) First Name: _____ Surname: _____

Address: _____

_____ Postcode: _____

Home Tel No: **00** _____ Date of Birth: _____

Name of telephone service provider:

Your telephone line must be a standard, ordinary telephone line, it should not be a VOIP line.

Please indicate if no fixed line telephone is available at your home (tick box)

Medical details

To help us provide a quality service, please detail any medical conditions that we should be aware of, eg heart condition or hearing difficulties:

Are you on any Medication (if yes please state) _____

Doctor's Name: _____

Address: _____

_____ Postcode: _____

Tel No: **00** _____ Out of hours Tel No: **00** _____



Keyholder Details

In order to deliver a quality service to the client, we require a minimum of two keyholders. A keyholder can be a relative, friend or a neighbour who we can contact on the client's behalf, if the need arises. On receiving the client's call for assistance, we will contact them in the order listed below. Keyholders should be able to get to the client's home within thirty (30) minutes and agree to be contactable at all times. **Each keyholder will need a key to the client's home to gain access should the client be unable to let them into their home.**

Important Note. If it is not possible to provide a keyholder we can arrange alternatives solutions.

Keyholder 1

Name: _____ Relationship to client: _____
Address: _____

Postcode: _____
Home Tel No: **_00** _____ Work Tel No: **_00** _____
Mobile: **_00** _____ Email: _____

Keyholder 2

Name: _____ Relationship to client: _____
Address: _____

Postcode: _____
Home Tel No: **_00** _____ Work Tel No: **_00** _____
Mobile: **_00** _____ Email: _____

Keyholder 3

Name: _____ Relationship to client: _____
Address: _____

Postcode: _____
Home Tel No: **_00** _____ Work Tel No: **_00** _____
Mobile: **_00** _____ Email: _____



Optional Information – Cyprus Clients Only

Alternative or Additional Doctor/s Information

Name: _____
Address: _____
_____ Postcode: _____
Home Tel No: **_00_** _____ Work Tel No: **_00_** _____
Mobile: **_00_** _____ Email: _____

Medical Insurance company information [reference only]

Name: _____
Address: _____
_____ Postcode: _____
Tel No: **_00_** _____ **Reference Number** _____
Mobile: **_00_** _____ Email: _____

Preferred Hospital

Name: _____
Address: _____
_____ Postcode: _____
Tel No: **_00_** _____
Email: _____

Preferred Ambulance Services

Name: _____
Address: _____
_____ Postcode: _____
Tel No: **_00_** _____ **Reference Number** _____
Mobile: **_00_** _____ Email: _____

Care Services

Name: _____
Address: _____
_____ Postcode: _____
Tel No: **_00_** _____ **Reference Number** _____
Mobile: **_00_** _____ Email: _____

We recommend that clients consider arrangements with a reliable local Ambulance and Care Service; this may be just for emergencies. We can provide information if required. If no arrangements are indicated we will use our best endeavours to obtain service on your behalf from our list of approved suppliers in the case of an emergency; costs for such service are the responsibility of the Client.



Data Protection Act

Important Information

Please read the information below carefully together with your Service Literature

Administration

Information you supply may be used by Apogee Media Ltd and its partners / agencies for the sole purpose of providing the 24 hour monitoring service. This information will be held securely for any future queries.

Sensitive Data

In order to process your application, we will need to collect data which the Data Protection Act defines as sensitive such as health details. By proceeding with, and signing, this application you will signify your consent to such information being processed by Apogee Media Ltd, and its partners / agencies and that, where applicable, this consent has also been obtained from the Client, Client Representative or other individual named in your application.

Pricing is based on £UK.

Payment is taken at the time orders are confirmed and are for the first year's costs [one off setup charge and service cost].

Client signature required below to indicate a willingness to purchase the service level indicated above. This is not binding until the client agrees to make the payment at the time of confirmation of order and service level required.

Signature: _____ Date: _____



Fax completed forms to 00 44 870 868 3700

or

Email to: secretary@intouch24.co.uk

or

By Post

Intouch24

c/o 847 Burnley Road

Rossendale

Lancashire

BB4 8QL

Intouch24 Main Office Telephone 00 44 207 952 7773

This section for Intouch24 use only

ID Number

Date and Time Faxed to TBCT
or received.

Expected Fitting Date for Unit

Other



The small print terms and conditions of our service agreement with you.

1. Will undertake to monitor your equipment 24 hours a day, 365 days a year.
2. Will on receiving an information alarm for assistance, take immediate action to contact a Keyholder, a Doctor or the Emergency Services or others as most appropriate and as indicated on this Application Form or as modified and updated from time to time by you.
3. Will make arrangements for replacement equipment as soon as is practicable should that supplied malfunction.
4. Cannot accept responsibility for supporting equipment or services not supplied by or purchased from ourselves.
5. Will supply equipment and services to the quality and conditions of our suppliers; such as Chubb, Safelinq and Senior Link Eldercare.
6. Cannot be held responsible for failure of the service due to circumstances beyond our control, such as calls not received by the Response Centre due to problems with telephone lines, or delay failure by the Emergency Services to respond or adverse weather conditions.
7. Can not accept responsibility if delays occur in answering the User due to problems with the User's telephone line being out of service, occupied by an answering machine or service, fax machine, internet connection or other telephony equipment (or from adverse weather conditions)
8. Reserves the right to (i) end the Service at the discretion of the Response Centre Manager, for example in cases of misuse or non-payment (although every possible assistance will be given if the User has financial problems) and (ii) review the price of the service fee and to notify the User or Users Representative of any change in the service fee charge.

You or your Representative agree to:

1. Pay Apogee Media Ltd or its authorised Agent service fees and setup fees as advertised.
2. Ensure that the Keyholders listed have been contacted, are willing to participate, and have a key to the User's home.
3. Inform Apogee Media Ltd or its authorised Agent of any relevant changes to the User's personal circumstances or to Keyholder details.
4. Inform Apogee Media Ltd or its Agent of periods when you are going to be away from home, eg on holiday or a stay in hospital or visiting family etc.
5. Take reasonable care of Apogee Media Ltd or Agents equipment and will be responsible for any breakage, loss or accidental damage.
6. Test the Equipment by activating an alarm at least once a month to ensure that it is working properly.
7. Take responsibility for covering Apogee Media Ltd equipment under the your household insurance policy.
8. Give 28 days written notice of requirement to terminate the service.