

APPLICATION FOR COMMUNITY ALARM SERVICE

HOW TO APPLY

- 1. Fill in this form and return to:
Central Control, Basement, Council House, College Road,
Doncaster DN1 3SZ**
- 2. If you are not sure how to fill in this form, ask us to help.**

TO BE COMPLETED BY THE APPLICANT			
TITLE	MR / MRS / MISS / MS	SURNAME	
FIRST NAMES:			
ADDRESS:			
POST CODE:		TELEPHONE	

Please fill in this table using one line for each person who lives in your home. Put your own name on the top line.

SURNAME	FIRST NAME	MALE/ FEMALE	DATE OF BIRTH	RELATIONSHIP
				APPLICANT

CONTACT NAME AND TEL. NUMBER FOR INSTALLATION APPOINTMENT IF DIFFERENT FROM ABOVE	
Name	Tel.No.

How did you hear about the service?

- | | | |
|--|---|--|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Leaflet | <input type="checkbox"/> Relative/Friend |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Community Care Guide | <input type="checkbox"/> Other |

Contd.....

ARE YOU A COUNCIL TENANT

YES/NO

Please indicate any Physical Disabilities or any other relevant details of your medical history which you feel would support your application:

You do not have to give us the following information, but it will help us if you do. (If you give us this information it will only be used for statistical purposes, and will be treated in the strictest confidence under the Data Protection Act, 1998)

To which of these groups do you consider you belong? Please tick

WHITE British Irish
other white background (please write in)

ASIAN or ASIAN BRITISH Indian

Pakistani Bangladeshi
other Asian background (please write in)

MIXED White and Black Caribbean
White and Black African
White and Asian
other mixed background (please write in)

Chinese

BLACK or BLACK BRITISH

Caribbean African
other black background (please write in)

other ethnic group (please write in)

**PLEASE READ THIS STATEMENT AND SIGN IT
THE FACTS I HAVE PUT DOWN ON THIS FORM ARE TRUE AND COMPLETE
I WILL TELL THE COUNCIL AT ONCE IF THE FACTS CHANGE.**

APPLICANTS SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY

DAS NO.

--

DONCASTER METROPOLITAN BOROUGH COUNCIL

CUSTOMER SERVICES

701/7/94 ANNEX D

AIDS FOR DISABLED PERSONS - SUPPLY TO AN INDIVIDUAL

I, (Full Name) _____

of (Full Address) _____

POST CODE _____

Declare that I am an eligible person under paragraph 1 of VAT Leaflet 701/7/94, that I am suffering from: (Description of Illness e.g. Diabetes)

and that I am receiving from:

Customer Services

Central Control

PO Box 117

Council House

College Road

Doncaster

DN1 3SZ

Tel. 01302-737189

A personal alarm call system, and I claim that the supply of these goods or service is eligible for relief from Value Added Tax under Group 14 of the Zero Rate Schedule to the Value Added Tax Act 1983.

Signature: _____ Date: _____

THERE ARE SEVERE PENALTIES FOR MAKING A FALSE DECLARATION. IF YOU ARE IN ANY DOUBT ABOUT YOUR OWN ELIGIBILITY OR THE ELIGIBILITY OF THE GOODS OR SERVICES YOU ARE BUYING, YOU SHOULD GET ADVICE FROM ANY LOCAL VAT OFFICE BEFORE SIGNING THIS DECLARATION