

# Lifeline Alarm Service

Please complete all of the sections within this application form.

If you have any queries please contact the Lifeline Department.

As soon as you have completed the application, contact us to arrange an installation date.

Tel: 01242 264393

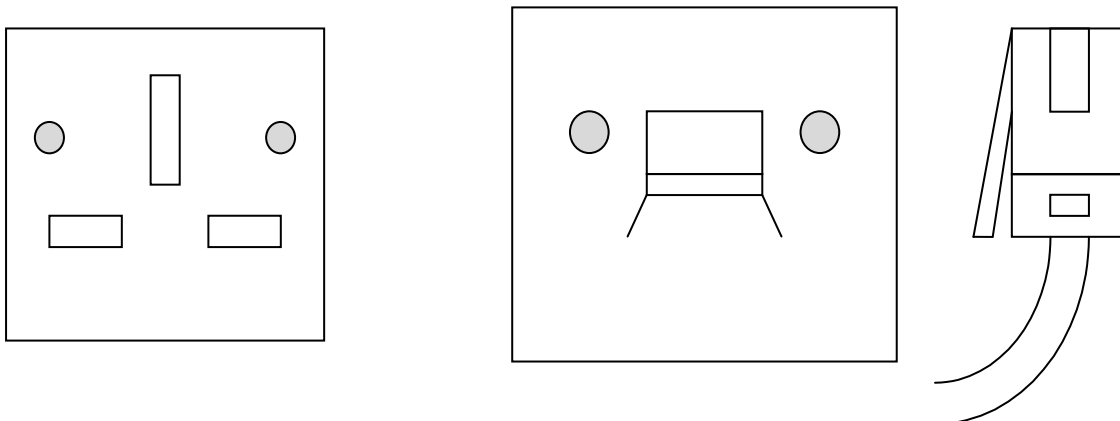
Email: [lifelines@cheltenham.gov.uk](mailto:lifelines@cheltenham.gov.uk)

## APPLICATION FORM

*Cheltenham Borough Council provides the Lifeline service to you. We will use your personal information to provide this service to you and will need to share your information with relevant service areas within the council and partner organisations to enable us to do this.*

*For further information about how the council uses information it holds about you please visit:  
[https://www.cheltenham.gov.uk/info/81/how\\_we\\_use\\_your\\_data](https://www.cheltenham.gov.uk/info/81/how_we_use_your_data)*

**You will need to have a modern telephone point**



If you have any problems with your telephone, please contact your Telephone Provider direct.

**The supplied Lifeline controller requires a 13 amp electrical supply**

**Lifetime Homes now supply and fit Keysafe's  
Call for details 01242 264393**



**This Keysafe is designed within the UK and has achieved LPS 1175 accreditation and is approved by the Police**

Please advise the team when booking a Lifeline installation if you require a Keysafe to be fitted.

The access code for the Keysafe requires that you do not use the same number twice.

It is suggested 4 or 5 numbers is an appropriate amount of digits for a Keysafe code.

I Require a Keysafe to be fitted please; Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Keysafe Number .....

## PART A: ABOUT YOU

Title: Mr / Mrs / Miss / Ms (please delete as appropriate)

Forename \_\_\_\_\_ Surname \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: Female/Male Date of Birth \_\_\_\_\_

Language \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### ***Medical Information***

Are you allergic to any medication?  Yes  No

If yes, please specify \_\_\_\_\_

Is your eyesight impaired?  Yes  No

Is your hearing impaired?  Yes  No

Do you have good mobility?  Yes  No

Do you have any disabilities?  Yes  No

If yes, please specify \_\_\_\_\_

Other medical/health information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PART B: ABOUT YOUR DOCTOR

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

## PART C: ABOUT YOUR SPOUSE/PARTNER

Title: Mr/Mrs/Miss/Ms (please delete as appropriate)

Surname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Forename \_\_\_\_\_ Gender: Female/Male

Language \_\_\_\_\_

### ***Medical Information***

Are you allergic to any medication?  Yes  No

If yes, please specify \_\_\_\_\_

Is your eyesight impaired?  Yes  No

Is your hearing impaired?  Yes  No

Do you have good mobility?  Yes  No

Do you have any disabilities?  Yes  No

If yes, please specify \_\_\_\_\_

Other medical/health information \_\_\_\_\_

\_\_\_\_\_

## PART D: ABOUT YOUR HOME

Telephone Supplier \_\_\_\_\_ How many telephones do you have? \_\_\_\_\_

What type of telephone  standard handset  cordless (hands free)

Property Type:  house  bungalow  flat  maisonette

Main access to the property is via:  basement  ground floor  1<sup>st</sup> floor  2<sup>nd</sup> floor  3<sup>rd</sup> floor

Number of bedrooms:  1  2  3  4  5

Do you have a smoke alarm fitted?  Yes  No If yes, in which room is it located?  
\_\_\_\_\_

Type of heating:  Gas  Electric

Do you have any pets?  Yes  No

If yes, please specify \_\_\_\_\_

## PART E: ABOUT YOUR NEXT OF KIN

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Home Tel No: \_\_\_\_\_

Work Tel No: \_\_\_\_\_ Mobile Tel No: \_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile Tel \_\_\_\_\_

## PART F: ABOUT YOUR EMERGENCY CONTACTS

Your emergency contact should be relatives, friends or neighbours who live near you, who have a telephone and who are willing to be contacted on your behalf in an emergency. We advise that you include at least 1 keyholder or key safe code (see Section C point 5 of the terms and Conditions).

### **KEYSAFE** Number

#### **EMERGENCY CONTACT 1**

**Keyholder**

Name

Relationship

Address

Postcode:

Home Tel No:

Work Tel No:

Mobile Tel No

#### **EMERGENCY CONTACT 2**

**Keyholder**

Name

Relationship

Address

Postcode:

Home Tel No:

Work Tel No:

Mobile Tel No

#### **EMERGENCY CONTACT 3**

**Keyholder**

Name

Relationship

Address

Postcode:

Home Tel No:

Work Tel No:

Mobile Tel No

If additional emergency contacts are required, please include on a separate sheet.

## PART G: CORRESPONDENCE

Some of our customers find it easier if a member of their family or a friend takes responsibility for dealing with any correspondence we may send to them.

If you would like to nominate someone to do this for you, please ask them to give the following details and sign the declaration.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Home Tel No: \_\_\_\_\_

Work Tel No: \_\_\_\_\_ Mobile Tel No \_\_\_\_\_

Email: \_\_\_\_\_

**I agree to all correspondence about the lifeline service to be sent to the above address and I authorise the Council to talk to the person named above about my use of the lifeline.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

## PART H: HOW DID YOU HEAR ABOUT US?

How did you first hear about the lifeline service?

Via Social Services  Hospital/Consultant

Council Publicity/Advert  Home Help/Carer

Contacted the Council  Family/Friend

Via your Doctor

If other, please specify

**PART I: LIFELINE AGREEMENT FOR THE PROVISION OF A LIFELINE  
ALARM SERVICE WITH CHELTENHAM BOROUGH COUNCIL**

**Cheltenham Borough Council  
Agreement for the provision  
Of the  
Lifeline alarm service**

I \_\_\_\_\_ ('The Hirer') apply to lease a Lifeline alarm unit (known as 'The Equipment') to be installed at;

\_\_\_\_\_  
( 'The Premises' )

in accordance with the terms and conditions set out below which I have read and accept, and which form the Agreement between myself and Cheltenham Borough Council of Municipal Offices Promenade Cheltenham GL50 9SA (hereinafter known as 'The Council').

Note: "Lifeline" is a registered trademark of Tunstall Telecom Plc.

**(A) THE HIRER AGREES TO :**

1. Provide a standard telephone line at the Premises with a plug in type connection and a 13 amp electrical socket in a suitable position. The cost of providing these items together with the cost of the telephone line rental and calls will be the responsibility of the Hirer.
2. Allow access to the Premises for installation, maintenance or removal of the Equipment by Councils' employees and/or their Agents during normal office hours.
3. Provide, in writing, personal details of persons to be contacted by the control centre in case of an emergency and will inform the Council of any changes to these details in writing within 21 days of the change occurring. N.B. It is the Hirers' responsibility to ensure that any person named as a contact are aware that they have been so named and are in agreement with their names being used for this purpose.
4. Use the Equipment in accordance with the instructions given by the Council and for the purpose for which it was designed, i.e. when assistance is required as a result of ill health, accident or other genuine emergency.
5. Be responsible for the safe keeping of the Equipment and not to misuse or damage the Equipment in any way or allow the Equipment to be damaged or misused, to keep the Equipment clean and to pay to the Council on demand, all reasonable costs for replacement of any loss or damage to the Equipment.
6. Pay to the Council the Lifeline charges as set out in clause (E) below monthly in advance by Direct Debit. The payments are calculated from 1<sup>st</sup> of each month and any part months will be charged at the full monthly rate.
7. Hire the Equipment for a minimum period of 2 months from the installation date.
8. Return all Equipment supplied by the Council in good working order at the termination of the Agreement. Termination of agreement can only be made upon receipt of all equipment. **PLEASE NOTE: a charge will be made to cover the cost of any Equipment that is damaged, not in good working order or is not returned to the Council.**



9. Make a regular test call each month to the Control Centre, using the pendant to check it is in working order and report any faults or defects in the Equipment to the Council as soon as is reasonably possible. This also ensures that you remain familiar in using the lifeline alarm system.
10. Notify the Council as soon as practicable if the Equipment is lost, stolen, destroyed or damaged. ***A charge for replacement will be made regardless of the circumstances of loss or damage. Insuring the Equipment is the responsibility of the Hirer.***
11. Not to part with possession of Equipment, or transfer the Equipment to another address/or person without the prior written consent of the Council.
12. Pay a call out fee of to the Council where the call out is not due to a fault with the Equipment. There is a collection charge (cash or cheque to Cheltenham Borough Council) at end of contract if collected by an installer, alternatively the Lifeline equipment can be delivered to reception at the Municipal Offices promenade Cheltenham GL50 9SA

**(B) THE COUNCIL AGREES TO:**

1. Provide and install a Lifeline alarm unit at the Premises.
2. Install, repair and maintain and at the termination of the Agreement remove the Equipment.
3. On being notified by the Hirer of any fault with the Equipment to arrange for its repair or replacement as soon as is reasonably practicable.
4. Notify users, by placing details on the council's website, of the name, location and contact details of the control centre responsible for answering emergency call from the Lifeline service.

**(C) THE COUNCIL IS NOT RESPONSIBLE OR LIABLE FOR:**

1. The arrival at the Premises of any third party (including person named by the Hirer or any emergency services) contacted by the Control Centre as a result of an alarm call within a set period of time or at all, or an incorrect decision being taken in response to a call. The Control Centre will, however, use its best endeavours to obtain a speedy response to the call. (See section 3 above re updating information).
2. Repairs in the event of a breakdown of any Equipment not being carried out within a set period.
3. The cost of repairs to any Equipment or the Hirers' Premises or property, as a result of damage caused to the Equipment or the Hirers' Premises, or property of the Hirer however caused, except directly due to the Council negligence.
4. For any breakdown in service caused by matters beyond the Council's control. Including but not limited to the breakdown in service caused by any defect in or the failure of the telephone equipment, telephone line and services, Tunstall Telecoms' equipment, or by strikes, lockouts or other industrial disputes or forced evacuation of the Control Centre.
5. Damage to the Hirers' Premises or property in any case where it appears necessary or expedient to force entry to these Premises or property in the case of a reported emergency.
6. Any advice given by the staff at the Control Centre.

**PLEASE NOTE that the Control Centre staff are not medically qualified and are not able to advise you on medical matters.**

**(D) TERMINATION:**

1. The Council may terminate this Agreement and withdraw the Equipment forthwith on giving written notice to the Hirer or by mutual agreement if:
  - (a) The Hirer fails to pay any sum due to the Council within 14 days of the sum becoming due to the Council.
  - (b) The Hirer, in the opinion of the Council, is or appears to be abusing the service.
  - (c) The Hirer dies or ceases to occupy the Premises in which the Equipment is situated.
2. The Hirer may cancel the contract at any time after the initial 2 months rental period on giving the Council one months' notice in writing.

Charges will continue to apply until all Equipment is returned to the Council or the cost of any Equipment that has been lost or damaged has been paid in full.

**(E) CHARGES**

1. The charges for the Lifeline service are subject to VAT and are payable monthly in advance.
2. Exemption from VAT can only be granted if the Hirer has a medical condition which qualifies the Hirer for an exemption and makes a declaration on the appropriate form in part J of this agreement.
3. The Council will review the Lifeline charges annually and may vary the charges. Notices of any changes to the charges will be put on the council's website.
4. Any refunds that become due can only be made to the Hirer or in the case of their death, to the Executors or Administrator for the Hirer, regardless of the actual payment arrangements.
5. Charges are valid until the equipment is returned to Cheltenham Borough Council.
6. Charges may be made for additional or replacement equipment.

**(F) MISCELLANIOUS**

- 1 Clause headings are inserted in this Agreement for convenience only, and they shall not be taken into account in the interpretation of this Agreement.
  - 1.1 This Agreement forms the entire agreement and shall supersede any verbal or written Agreement or statement made by any Employee or Agent of the Council.
  - 1.2 If any provision of this Agreement shall be held void or unenforceable in whole or part by any court or other competent authority, the remaining provisions, and the remainder of the provisions affected, shall remain in full force and effect.

1.3 All notices or other communications to be served on either party under this Agreement shall be sent by pre-paid first-class post to the above addresses and shall be deemed served 48 hours after posting unless the contrary is proved.

1.4 No person who is not a Party to the Agreement shall have any right to enforce any term of the Contract, which expressly or by implication, confers a benefit on him or her without the prior agreement in writing of both Parties. This Clause does not affect any right or remedy of any person which exists or is available otherwise than pursuant to The Contracts (Rights of Third Parties) Act 1999.

**I have read and agree to all the above conditions.**

**Print Name** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**(The Hirer)**

**Additional Service User**

**Print Name** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

On behalf of Cheltenham Borough Council

**Privacy Statement**

Personal information, which you provide for the Lifeline Alarm Service, may be shared with other departments of the Council and its Agents. All telephone calls to the Control Centre will be recorded for your protection and may be used for training purposes.

No personal information will be shared with a third party other than to provide the service unless allowed by law.

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**Office use only.** Equipment provided: (Name and circle answers please)

Type of Lifeline: \_\_\_\_\_ Pendant 1 2 Type \_\_\_\_\_

ID Number: \_\_\_\_\_

Ancillaries:    Keysafe            Smoke Alarm            Flood Detector            Vibby

**PART J: ZERO VAT ELIGIBILITY**

**Please complete this form if you are eligible to receive goods or services zero rated for VAT**

**GOODS AND SERVICES FOR DISABLED PERSONS: ELIGIBILITY DECLARATION BY AN INDIVIDUAL**

I, \_\_\_\_\_ (Full Name)

Of \_\_\_\_\_ (Address)

Post Code \_\_\_\_\_

Declare that I am chronically sick or disabled by reason of:  
(Give full and specific description of your condition)

\_\_\_\_\_  
\_\_\_\_\_

and that I am receiving from: Cheltenham Borough Council  
PO Box 12, Municipal Offices  
Cheltenham GL50 9SA

The following goods which are being supplied to me for domestic or my personal use:

**Dispersed Emergency Alarm**

And I claim relief from Value Added Tax under Group 14 of Schedule 5 to the Value Added Tax Act 1983

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**NOTE TO SUPPLIER**

You must keep this declaration for production to your VAT office. The production of this certificate does not automatically authorise the zero-rating of the supply. You must also ensure that the goods and services you are supplying qualify for zero-rating.

**NOTE TO CUSTOMER**

If you are in any doubt as to whether you are eligible to receive goods or services zero rated for VAT you should consult your local VAT office before signing the declaration.

Warning: Section 39.2 of the VAT Act 1983 provides for severe penalties for anyone who makes use of a document which they know to be false for the purposes of obtaining VAT relief.



# CHELTENHAM BOROUGH COUNCIL

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

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

Cheltenham Borough Council  
 Lifelines Section  
 Municipal Offices  
 Promenade  
 Cheltenham  
 Glos  
 GL50 1PP

Originator's Identification Number

8	3	8	2	0	6
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FOR Cheltenham Borough Council OFFICIAL USE ONLY  
 This is not part of the instruction to your Bank or Building Society

### Direct Debit for Lifeline

Payment will be deducted on the 5<sup>th</sup> of each month. You will be sent a invoice to confirm the instalment amounts and date of collection in advance of the first payment being taken from your bank account

Name(s) of Account Holder(s)


Bank/Building Society account number

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Branch Sort Code

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Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Instruction to your Bank or Building Society

Please pay Cheltenham Borough Council 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 Cheltenham Borough Council and if so, details will be passed electronically to my Bank/Building Society.

Signatures
Date

Reference office use

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Banks and Building Societies may not accept Direct Debit Instructions for some types of account

✂ .....  
...

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 take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Cheltenham Borough Council will notify you 10 days in advance of your account being debited or as otherwise agreed.
- If an error is made by Cheltenham Borough Council or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.