

OFFICE USE  
IDENT:



# Charnwood Lifeline Sign-up Pack

Please complete all sections of the Charnwood Lifeline sign-up application.

**Once the application has been completed either:**

**Call Charnwood Lifeline on 01509 643970** to make an appointment for our Officer to collect your application and install the Lifeline equipment.

or

**Email the completed application to [OnlineLifelineEnquiries@charnwood.gov.uk](mailto:OnlineLifelineEnquiries@charnwood.gov.uk)** we will then contact you to arrange delivery and installation of the Lifeline equipment.

**PLEASE DO NOT send your completed sign-up pack by post** due to the sensitivity of the information you provide within this application; we cannot take responsibility for any loss of information if your completed pack is lost or damaged by the postal service.

If you have any queries, please contact Charnwood Lifeline on 01509 643970

**A Service Provided by  
Charnwood Borough  
Council**



| <b>Office Use Only</b>   |                                 |
|--|---------------------------------|
| <b>Lifeline ID</b>   |                                 |
| <b>Serial Number</b>   |                                 |
| <b>Model</b>   |                                 |
| <b>Ownership</b>   | Grant, private rented, other... |
| <b>Date Installed</b>  |                                 |
|  |                                 |
| Equipment to be Installed by Charnwood Lifeline  | Quantity                        |
| Lifeline Unit  | <b>1</b>                        |
| Number of pendants   |                                 |
| Fall Detector  |                                 |
| Smoke Detector   |                                 |
| Key Safe   |                                 |
| Other  |                                 |
| <b>Additional Notes – e.g.,</b> location of lifeline unit, fall detector type and how it is worn.... |                                 |
|  |                                 |

**Lifeline Charges**

| Grant / non-Grant                   | Add VAT / VAT Exempt | Invoice / Direct Debit |   |
|-------------------------------------|----------------------|------------------------|---|
|                                     |                      | <b>Quantity</b>        |   |
| <b>Lifeline Equipment Installed</b> | Lifeline Unit        | <b>1</b>               | £ |
| <b>Additional Equipment</b>         | Fall Detector        |                        | £ |
|                                     | Smoke Detector       |                        | £ |
|                                     | Other...             |                        |   |

Your total quarterly charge is £ \_\_\_\_\_ including VAT if applicable

Your pay frequency is Quarterly / Annually

**Lifeline Customer/s Address and Access details**

|        |
|--------|
| Ident: |
|--------|

|                     |                    |  |
|---------------------|--------------------|--|
| <b>Your Address</b> | Address            |  |
|                     |                    |  |
|                     |                    |  |
|                     |                    |  |
|                     |                    |  |
|                     | Postcode           |  |
|                     | Home Telephone No. |  |
|                     | Mobile Number      |  |
| E-mail              |                    |  |

Key safes provide safe and secure storage for the key/s of your home, they are used by our Warden or the Emergency Services in the event they are called to check on your wellbeing. if you do not have a key safe, Charnwood Lifeline will provide one as part of the lifeline package at no extra cost, this will remain the property of Charnwood Lifeline and would be removed in the event of you cancelling the lifeline service.

|  |   |          |
|--|---|----------|
| <b>Key Safe Details</b>  | Do you have your own key safe installed at your property?                                       | Yes / No |
|  | <b>if yes, please provide the code and location your key safe</b>                               |          |
|  | Key safe Code   |          |
|  | Key safe Location   |          |
|  |   |          |
|  |   |          |
|  |   |          |
|  | <b>If no, do you give Charnwood Lifeline permission to install a key safe at your property?</b> | Yes / No |
|  | <b>Please choose a 5-digit code (you must not repeat a digit within the code)</b>               |          |
|  |   |          |
| <b>Where on your property would you like the keysafe installing?</b> |   |          |
|  |   |          |
|  |   |          |

**Lifeline Customer/s Address and Access details**

|        |
|--------|
| Ident: |
|--------|

|  |   |          |
|--|---|----------|
| <b>Additional Information about your home</b>                            | Do you have a House Alarm?  | Yes / No |
|  | If yes, do you activate the alarm other than when you are out or away?  | Yes / No |
|  | If yes, please provide details to disarm the alarm including your alarm code<br><b>(These details will only be given to our Warden or Emergency services by Charnwood Lifeline in the event of responding to a call)</b>                |          |
|  |   |          |
|  |   |          |
|  |   |          |
|  | Is your property easy to find?  | Yes / No |
|  | If no, please give directions to ensure our Warden or Emergency Services can reach you quickly  |          |
|  |   |          |
|  |   |          |
|  |   |          |
|  |   |          |
|  | Do you have a stairlift? <b>If yes</b> , please provide details of your stairlift contract including emergency contact number. (If we have these details, we can call them on your behalf if your stairlift breaks down whilst in use.) |          |
|  |   |          |
|  |   |          |
| Do you have an Oxygen Machine or have Oxygen canisters in your property? |   |          |
|  |   |          |
|  |   |          |
| Do you have any pets? <b>if yes</b> , please give details                |   |          |
|  |   |          |
|  |   |          |
|  |   |          |

**Your Details – Resident 1**

|        |
|--------|
| Ident: |
|--------|

|                         |                          |  |  |  |  |  |  |
|-------------------------|--------------------------|--|--|--|--|--|--|
| <b>Resident Details</b> | Title                    |  |  |  |  |  |  |
|                         | First Name(s)            |  |  |  |  |  |  |
|                         | Surname                  |  |  |  |  |  |  |
|                         | Preferred to be known as |  |  |  |  |  |  |
|                         | Date Of Birth            |  |  |  |  |  |  |
|                         | Mobile Number            |  |  |  |  |  |  |

|                            |  |  |  |  |  |  |  |
|----------------------------|--|--|--|--|--|--|--|
| <b>Your Health Details</b> | Medical Health Information,<br>please list all current health problems, e.g., diabetic, asthmatic, mobility issues etc.. |  |  |  |  |  |  |
|                            |  |  |  |  |  |  |  |
|                            |  |  |  |  |  |  |  |
|                            |  |  |  |  |  |  |  |
|                            | Do you take any anti-coagulant medication? (Blood thinners)  |  |  |  |  |  |  |
|                            |  |  |  |  |  |  |  |
|                            | Do you have any allergies?   |  |  |  |  |  |  |
|                            |  |  |  |  |  |  |  |
|                            | Do you have a DNR or Respect Plan in place? if yes, where is it kept?  |  |  |  |  |  |  |
|                            |  |  |  |  |  |  |  |
| Doctors Surgery            |  |  |  |  |  |  |  |
| Address                    |  |  |  |  |  |  |  |
|                            |  |  |  |  |  |  |  |

|                                  |  |     |      |     |       |     |     |     |
|----------------------------------|--|-----|------|-----|-------|-----|-----|-----|
| <b>Your Homecare Information</b> | Do you have homecare? If yes, please provide the following details                                     |     |      |     |       |     |     |     |
|                                  | Name of Home Care Provider   |     |      |     |       |     |     |     |
|                                  | Address  |     |      |     |       |     |     |     |
|                                  |  |     |      |     |       |     |     |     |
|                                  | Telephone No.  |     |      |     |       |     |     |     |
|                                  | When does your homecare visit you?<br>Please give approximate times of when your carer is due to visit |     |      |     |       |     |     |     |
|                                  |  | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|                                  | Morning  |     |      |     |       |     |     |     |
|                                  | Lunch  |     |      |     |       |     |     |     |
|                                  | Evening  |     |      |     |       |     |     |     |
| Night                            |  |     |      |     |       |     |     |     |

## Your Details – Resident 2

|        |
|--------|
| Ident: |
|--------|

|                         |                          |  |  |  |  |  |  |
|-------------------------|--------------------------|--|--|--|--|--|--|
| <b>Resident Details</b> | Title                    |  |  |  |  |  |  |
|                         | First Name(s)            |  |  |  |  |  |  |
|                         | Surname                  |  |  |  |  |  |  |
|                         | Preferred to be known as |  |  |  |  |  |  |
|                         | Date Of Birth            |  |  |  |  |  |  |
|                         | Mobile Number            |  |  |  |  |  |  |

|   |   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| <b>Your Health Details</b>                  | Medical Health Information, please list all current health problems, e.g., diabetic, asthmatic, mobility issues etc.. |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   | Do you take any anti-coagulant medication? (Blood thinners)   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   | Do you have any allergies?  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   | Do you have a DNR or Respect Plan in place? if yes, where is it kept?   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| Doctors Surgery, if different to resident 1 |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| Address                                     |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |

|                                  |  |     |      |     |       |     |     |     |
|----------------------------------|--|-----|------|-----|-------|-----|-----|-----|
| <b>Your Homecare Information</b> | Do you have homecare? If yes, please provide the following details                                     |     |      |     |       |     |     |     |
|                                  | Name of Home Care Provider   |     |      |     |       |     |     |     |
|                                  | Address  |     |      |     |       |     |     |     |
|                                  |  |     |      |     |       |     |     |     |
|                                  | Telephone No.  |     |      |     |       |     |     |     |
|                                  | When does your homecare visit you?<br>Please give approximate times of when your carer is due to visit |     |      |     |       |     |     |     |
|                                  |  | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|                                  | Morning  |     |      |     |       |     |     |     |
|                                  | Lunch  |     |      |     |       |     |     |     |
|                                  | Evening  |     |      |     |       |     |     |     |
| Night                            |  |     |      |     |       |     |     |     |

## Next of Kin and your Emergency Contact's Details

|        |
|--------|
| Ident: |
|--------|

An emergency contact should be a friend, relative or neighbour who is willing to be contacted by telephone in the event of you activating your lifeline alarm, they should also be a keyholder or have access to your key safe details.

Due to the GDPR. (General Data Protection Regulations) we require all your contacts to give consent for holding their personal information, (Name, address, and contact telephone numbers) they will only be contacted for the purpose of providing you with support as required, this information will not go to any third parties.

|           |   |  |   |
|-----------|---|--|---|
| Contact 1 | Name  |  |   |
|           | Address   |  |   |
|           |   |  |   |
|           |   |  |   |
|           | Postcode  |  |   |
|           | Preferred Tel No.   |  |   |
|           | Additional Tel No's   |  |   |
|           | Relationship  | e.g., son, daughter<br>neighbour, friend | Please tick if the contact is your next of kin <input type="checkbox"/> |
|           | Does the named contact hold a key for your property?  |  | Yes / No  |
|           | If No, Charnwood Lifeline will give the contact named above your keysafe details – If you do not wish us to disclose these details, please tick this box <input type="checkbox"/> |  |   |
|           | Please tick the box to confirm the person named above have given their consent to be a named contact for you <input type="checkbox"/>   |  |   |

|           |   |  |   |
|-----------|---|--|---|
| Contact 2 | Name  |  |   |
|           | Address   |  |   |
|           |   |  |   |
|           |   |  |   |
|           | Postcode  |  |   |
|           | Preferred Tel No.   |  |   |
|           | Additional Tel No's   |  |   |
|           | Relationship  | e.g., son, daughter<br>neighbour, friend | Please tick if the contact is your next of kin <input type="checkbox"/> |
|           | Does the named contact hold a key for your property?  |  | Yes / No  |
|           | If No, Charnwood Lifeline will give the contact named above your keysafe details – If you do not wish us to disclose these details, please tick this box <input type="checkbox"/> |  |   |
|           | Please tick the box to confirm the person named above have given their consent to be a named contact for you <input type="checkbox"/>   |  |   |

**Next of Kin and your Emergency Contact's Details**

Ident:

|                  |  |  |  |                          |
|------------------|--|--|--|--------------------------|
| <b>Contact 3</b> | Name   | <input type="text"/>                     |  |                          |
|                  | Address  | <input type="text"/>                     |  |                          |
|                  |  | <input type="text"/>                     |  |                          |
|                  | Postcode   | <input type="text"/>                     |  |                          |
|                  | Preferred Tel No.  | <input type="text"/>                     |  |                          |
|                  | Additional Tel No's  | <input type="text"/>                     |  |                          |
|                  | Relationship   | e.g., son, daughter<br>neighbour, friend | Please tick if the contact is your next of kin | <input type="checkbox"/> |
|                  | Does the named contact hold a key for your property?   |  | Yes / No                                       |                          |
|                  | If No, Charnwood Lifeline will give the contact named above your keysafe details – If you do not wish us to disclose these details, please tick this box |  |  | <input type="checkbox"/> |
|                  | Please tick the box to confirm the person named above have given their consent to be a named contact for you   |  |  | <input type="checkbox"/> |

|                  |  |  |  |                          |
|------------------|--|--|--|--------------------------|
| <b>Contact 4</b> | Name   | <input type="text"/>                     |  |                          |
|                  | Address  | <input type="text"/>                     |  |                          |
|                  |  | <input type="text"/>                     |  |                          |
|                  | Postcode   | <input type="text"/>                     |  |                          |
|                  | Preferred Tel No.  | <input type="text"/>                     |  |                          |
|                  | Additional Tel No's  | <input type="text"/>                     |  |                          |
|                  | Relationship   | e.g., son, daughter<br>neighbour, friend | Please tick if the contact is your next of kin | <input type="checkbox"/> |
|                  | Does the named contact hold a key for your property?   |  | Yes / No                                       |                          |
|                  | If No, Charnwood Lifeline will give the contact named above your keysafe details – If you do not wish us to disclose these details, please tick this box |  |  | <input type="checkbox"/> |
|                  | Please tick the box to confirm the person named above have given their consent to be a named contact for you   |  |  | <input type="checkbox"/> |

If you have any other information which you think we may find useful please add additional sheets.



## **Declaration to claim for Exemption from Payment of VAT**

H.M. Customs and Excise will allow exemption from payment of VAT on any Lifeline Charges provided the applicant is chronically sick or disabled.

H M Customs and Excise state that the provision of the Lifeline Alarm Service is subject to the standard rate of VAT (currently 20%)

However, exemption from VAT can be obtained for persons who are chronically sick or disabled. They consider a chronically sick or disabled person to have:

- A physical or mental impairment which has a long term and substantial adverse effect upon his/her ability to carry out everyday activities
- A condition which the medical profession treats as a chronic sickness such as diabetes
- A terminal illness

However, it does NOT include a frail elderly person who is otherwise able-bodied, or a person who is temporarily disabled or incapacitated, such as a broken limb.

**To claim exemption from VAT, you should complete the declaration form below  
Please be aware that there are penalties for making a false declaration and for fraudulent evasion of VAT**

### **Part A: For completion by the client**

|             |  |               |  |
|-------------|--|---------------|--|
| Client Name |  |               |  |
| Address     |  |               |  |
| Postcode    |  | Telephone No. |  |

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

|   |
|---|
| (Please give a full and specific description of your condition) |
|---|

and I am receiving from Charnwood Borough Council, Southfield Road, Loughborough LE11 1TT the Charnwood Lifeline services of monitoring a personal alarm call system and I claim relief from value added tax.

|           |  |      |  |
|-----------|--|------|--|
| Signature |  | Date |  |
|-----------|--|------|--|

If you have a disabled blue badge, please provide the serial number displayed on your badge.

|                              |  |
|------------------------------|--|
| Disabled badge Serial Number |  |
|------------------------------|--|

### **Part B: For completion by the supplier**

I, a representative of Charnwood Lifeline, Charnwood Borough Council, confirm that the service of monitoring a personal alarm call service for the personal use of the disabled person, is supplied to the person named above.

|           |  |      |  |
|-----------|--|------|--|
| Signature |  | Date |  |
|-----------|--|------|--|

|                              |  |               |
|------------------------------|--|---------------|
| <b>Name</b>                  |  | <b>Ident:</b> |
| <b>First Line of Address</b> |  |               |
| <b>Date of Installation</b>  |  |               |

**Charnwood Lifeline agrees to**

- Install and maintain the Lifeline equipment
- Where applicable provide a keysafe for access in an emergency, this will remain the property of CBC (Charnwood borough Council) and will be removed when the contract is terminated, however an option to purchase the keysafe is available please ask for more information.
- Provide a 24-hour monitoring and response service via our Control Centre, please refer to the Lifeline Information and Welcome Pack for further information.
- In the event of receiving a call with no response and where your named key-holders cannot be contacted provide an on-call responder to check on your wellbeing.
- Respond to your call in a professional and courteous manner
- Adhere to GDPR and the Data Protection Act 2018 - Ensure all personal information held in the Lifeline control office is treated as confidential and securely stored Access is given to appropriate staff members and emergency services only
- Have a second call handling site to provide continuity of service
- Review the charge for the service on an annual basis. The service user will be notified in writing at least 14 days prior to any changes taking place.

**Service User agrees to**

- Test the Lifeline equipment once a month, by pressing the pendant and putting a call through to our control centre.
- Keep Charnwood Lifeline informed of any changes to their address, doctor, their medical circumstance, and any changes to their or their named contacts telephone numbers and address
- Always Keep the Lifeline unit plugged in and switched on to the electricity supply and plugged into the telephone socket where applicable. Failure to comply with this can cause your Lifeline to malfunction.

- Acknowledge that the equipment installed in their home is rented as part of the contract and shall remain the property of Charnwood Lifeline.
- The service user agrees to pay a quarterly or annual charge stated within the Lifeline charges of this agreement, charges are subject to change with prior notification.
- Ensure that the equipment is used in a careful and proper manner and in accordance with the instructions provided and
- not interfere or tamper with it or permit anyone else to do so and return the equipment in good condition at the end of the agreement (fair wear and tear excepted).
- Be responsible for the payment of all electricity and telephone charges (where applicable) accrued by the equipment and for the loss of equipment (including the pendant) by fire, theft, or any other cause outside the direct control of CBC (Charnwood Borough Council)
- Keep the equipment at the address where it is first installed unless written permission has been obtained from CBC to move it elsewhere.
- The service user, their next of kin or the estate to return the equipment to Charnwood Lifeline. Failure to return Lifeline equipment following the termination of the contract will result in a payment for its replacement in full.
- Allow Charnwood Lifeline representatives access to repair and maintain the equipment. Access is also to be allowed to the on-call warden in an emergency if appropriate.
- That if the service user declines a keysafe and no named contacts are available to give access the emergency service will be called to facilitate a forced entry. The service user will be liable for any costs to repair damage caused whilst forcing entry.

**Charnwood Lifeline cannot be held responsible for information that has changed from the time of you entering this contract**

**It is your responsibility to keep Charnwood Lifeline informed to any changes in your circumstances or information provided regarding you or your nominated contacts.**

**Failure to supply Charnwood Lifeline with current information may delay or prevent you from receiving the most appropriate form of assistance and could prevent us from contacting your named contacts.**

**Charnwood Lifeline shall not be liable for any interruption in service due to equipment faults, telephone line faults, network faults or power failures or where such failures are a result of an Act of God, storms, severe weather, fire, flood or war, civil disturbances, Strike, or other labour disputes, or any other cause or circumstance beyond the control of Charnwood Lifeline**

**Additional Lifeline Equipment Installed by Charnwood Lifeline**

Please tick if additional equipment has been installed

Fall Detector/s 
                         
 Smoke Detector/s 
                         
 Key Safe

**Fall Detectors – Disclaimer (Must be read and agreed to by all fall detector users)**

Please note due to the wide variety and types of falls not all falls will be detected, whenever the user needs assistance, they should always press the help button. Soft falls, slumping falls, descent-controlled falls against a wall or a chair, etc. will not be detected by the Vibby. Considering the technology used and the target to minimise false alarms, all falls even dangerous-heavy falls cannot be guaranteed to be detected.

**Tick to confirm you have read this disclaimer**

**By signing this contract, you agree with all the terms and conditions of this contract.**

|                  |             |
|------------------|-------------|
| <b>Signature</b> | <b>Date</b> |
|------------------|-------------|

If you are signing this contract on behalf of the service user named on this agreement, please print your name and state you relationship to the service user.

|                   |                     |
|-------------------|---------------------|
| <b>Print Name</b> | <b>Relationship</b> |
|-------------------|---------------------|

**Witnessed by Charnwood Lifeline Representative**

|                  |   |
|------------------|---|
| <b>Signature</b> | <b>Date</b>                             |
| <b>Print</b>     | <b>Position</b> <i>Lifeline Officer</i> |

# Charnwood Lifeline Contract

## Terms & Conditions

|                              |  |
|------------------------------|--|
| <b>Name</b>                  |  |
| <b>First Line of Address</b> |  |
| <b>Date of Installation</b>  |  |

|               |
|---------------|
| <b>Ident:</b> |
|---------------|

**Charnwood Lifeline agrees to**

- Install and maintain the Lifeline equipment
- Where applicable provide a keysafe for access in an emergency, this will remain the property of CBC (Charnwood borough Council) and will be removed when the contract is terminated, however an option to purchase the keysafe is available please ask for more information.
- Provide a 24-hour monitoring and response service via our Control Centre, please refer to the Lifeline Information and Welcome Pack for further information.
- In the event of receiving a call with no response and where your named key-holders cannot be contacted provide an on-call responder to check on your wellbeing.
- Respond to your call in a professional and courteous manner
- Adhere to GDPR and the Data Protection Act 2018 - Ensure all personal information held in the Lifeline control office is treated as confidential and securely stored Access is given to appropriate staff members and emergency services only
- Have a second call handling site to provide continuity of service
- Review the charge for the service on an annual basis. The service user will be notified in writing at least 14 days prior to any changes taking place.

**Service User agrees to**

- Test the Lifeline equipment once a month, by pressing the pendant and putting a call through to our control centre.
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- Acknowledge that the equipment installed in their home is rented as part of the contract and shall remain the property of Charnwood Lifeline.
- The service user agrees to pay a quarterly or annual charge stated within the Lifeline charges of this agreement, charges are subject to change with prior notification.
- Ensure that the equipment is used in a careful and proper manner and in accordance with the instructions provided and
- not interfere or tamper with it or permit anyone else to do so and return the equipment in good condition at the end of the agreement (fair wear and tear excepted).
- Be responsible for the payment of all electricity and telephone charges (where applicable) accrued by the equipment and for the loss of equipment (including the pendant) by fire, theft, or any other cause outside the direct control of CBC (Charnwood Borough Council)
- Keep the equipment at the address where it is first installed unless written permission has been obtained from CBC to move it elsewhere.
- The service user, their next of kin or the estate to return the equipment to Charnwood Lifeline. Failure to return Lifeline equipment following the termination of the contract will result in a payment for its replacement in full.
- Allow Charnwood Lifeline representatives access to repair and maintain the equipment. Access is also to be allowed to the on-call warden in an emergency if appropriate.
- That if the service user declines a keysafe and no named contacts are available to give access the emergency service will be called to facilitate a forced entry. The service user will be liable for any costs to repair damage caused whilst forcing entry.

**Charnwood Lifeline cannot be held responsible for information that has changed from the time of you entering this contract**

**It is your responsibility to keep Charnwood Lifeline informed to any changes in your circumstances or information provided regarding you or your nominated contacts.**

**Failure to supply Charnwood Lifeline with current information may delay or prevent you from receiving the most appropriate form of assistance and could prevent us from contacting your named contacts.**

**Charnwood Lifeline shall not be liable for any interruption in service due to equipment faults, telephone line faults, network faults or power failures or where such failures are a result of an Act of God, storms, severe weather, fire, flood or war, civil disturbances, Strike, or other labour disputes, or any other cause or circumstance beyond the control of Charnwood Lifeline**

**Additional Lifeline Equipment Installed by Charnwood Lifeline**

Please tick if additional equipment has been installed

**Fall Detector/s**                       **Smoke Detector/s**                       **Key Safe**

**Fall Detectors – Disclaimer (Must be read and agreed to by all fall detector users)**

Please note due to the wide variety and types of falls not all falls will be detected, whenever the user needs assistance, they should always press the help button. Soft falls, slumping falls, descent-controlled falls against a wall or a chair, etc. will not be detected by the Vibby. Considering the technology used and the target to minimise false alarms, all falls even dangerous-heavy falls cannot be guaranteed to be detected.

**Tick to confirm you have read this disclaimer**

**By signing this contract, you agree with all the terms and conditions of this contract.**

|                  |  |             |  |
|------------------|--|-------------|--|
| <b>Signature</b> |  | <b>Date</b> |  |
|------------------|--|-------------|--|

If you are signing this contract on behalf of the service user named on this agreement, please print your name and state you relationship to the service user.

|                     |  |
|---------------------|--|
| <b>Print Name</b>   |  |
| <b>Relationship</b> |  |

**Witnessed by Charnwood Lifeline Representative**

|                  |  |                 |                         |
|------------------|--|-----------------|-------------------------|
| <b>Signature</b> |  | <b>Date</b>     |                         |
| <b>Print</b>     |  | <b>Position</b> | <i>Lifeline Officer</i> |

| <b>Your total quarterly charge is £ _____ including VAT if applicable</b> |                      |                        |          |
|---|----------------------|------------------------|----------|
| Grant / non-Grant   | Add VAT / VAT Exempt | Invoice / Direct Debit |          |
|   |                      | <b>Quantity</b>        |          |
| <b>Lifeline Equipment Installed</b>                                       | Lifeline Unit        | <b>1</b>               | <b>£</b> |
| <b>Additional Equipment</b>   | Fall Detector        |                        | <b>£</b> |
|   | Smoke Detector       |                        | <b>£</b> |
|   | Sound Boost          |                        | <b>£</b> |
| You have chosen to pay Quarterly / Annually                               |                      |                        |          |

**Data Protection**  
 For information about how & why we may process your personal data, your data protection rights or how to contact our data protection officer, please view our Privacy Notice [www.charnwood.gov.uk/pages/privacynotice](http://www.charnwood.gov.uk/pages/privacynotice)



# Charnwood



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

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

**Charnwood Borough Council  
Income Section  
Financial Services  
Southfields  
Loughborough  
Leicestershire  
LE11 2TU**

Service User Number

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 5 | 9 | 9 | 2 | 1 | 9 |
|---|---|---|---|---|---|

FOR CHARNWOOD BOROUGH COUNCIL OFFICIAL USE ONLY  
This is not part of the instruction to your Bank or Building Society.

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         |                       |
|                 |                       |
| Postcode        |                       |

**Instruction to your Bank or Building Society**

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

Signature(s)

Date

Reference Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

DD11

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, date or frequency of your Direct Debit Charnwood Borough Council will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Charnwood Borough Council 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 Charnwood Borough Council 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 Charnwood Borough Council 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 us.

**PLEASE TURN OVER**

## Third Party Instructions

If payments are to be claimed from a bank account held by someone other than the person liable for payment (to whom this form was issued), the council will send a copy of any invoices issued on the account overleaf to the bank account holder. This is necessary in order to advise them of the amounts and dates of payments to be claimed from their bank account. Please give details of the bank account holder in the box below for this purpose and confirm that you understand that copy invoices will be sent to them. If this information is not given, the Direct Debit instruction will not be implemented.

### Bank Account Holder(s)

|                              |
|------------------------------|
| Name(s) of Account Holder(s) |
|                              |
| Address                      |
|                              |
|                              |
| Postcode                     |

I understand that copy invoices will be sent to the person named above from whose bank account payments will be claimed.

|              |
|--------------|
| Signature(s) |
|              |
| Date         |