



Telecare Application

1. Applicant's Details

Name: _____ Surname: _____

Date of Birth: _____ Nationality: _____

ID Card No: _____
(attach a copy of the ID card)

Address: _____

Telephone No: _____ Mobile No: _____

Email Address: _____

2. Requested Service

The requested service is the provision of Remote, Emergency Communication and Wellbeing Service (hereinafter 'the Telecare Service').

The Telecare Service will be provided at the Address:

3. Applicant's Status

In your home you are:

- Single or widowed and you live alone (SA): _____
- Single Single or widowed and you live with someone else (SO): _____
- Living with your spouse and your children or other persons (CO): _____
- Living with your spouse (CA): _____

Pink Form

Do you have a valid Pink Form? Yes _____ No _____

If you have a valid Pink Form, please send a copy of it.

Yellow Card

Do you have a valid Yellow Card (SLH 145 form or Schedule V) proving that the applicant is diabetic?

Yes _____ No _____

If you have a valid Yellow Card please send a copy of it.

4. **Contact Details:** Details of Contact Persons who are to be contacted in case of emergency

Contact Person 1

Name: _____ Surname: _____

ID Card No: _____ Relation to Applicants: _____

Telephone No: _____ Mobile No: _____

Email Address: _____

Does s/he have a door key? Yes _____ No _____

Contact Person 2

Name: _____ Surname: _____

ID Card No: _____ Relation to Applicants: _____

Telephone No: _____ Mobile No: _____

Email Address: _____

Does s/he have a door key? Yes _____ No _____

Contact Person 3

Name: _____ Surname: _____

ID Card No: _____ Relation to Applicants: _____

Telephone No: _____ Mobile No: _____

Email Address: _____

Does s/he have a door key? Yes _____ No _____

Other persons residing in the same house:

Person 1

Name: _____ Surname: _____

ID Card No: _____ Date of Birth: _____

Email Address: _____

Will this person be using the service? Yes _____ No _____

Person 2

Name: _____ Surname: _____

ID Card No: _____ Date of Birth: _____

Email Address: _____

Will this person be using the service? Yes _____ No _____

5 Medical Certificate

The medical certificate is required only by the categories listed below and should be sent with the application form:

- A Person/s with a disability.
- B Person/s having less than 60 years who suffer from a chronic illness and live/s alone.

6 Authorisation to Break In in case of Emergency

I, _____ the undersigned, am hereby giving my permission to Connected Care Ltd employees to, in case of emergency or necessity, take all the necessary steps to ensure that the Executive Police obtains access to my residence. And this even, if so required, by breaking in. With this I am hereby holding harmless and indemnifying the Active Ageing and Community Care, Connected Care Limited, the authorities including the Executive Police and/or third parties who may be involved in the aforementioned access to my residence, even if breaking in, from all responsibility and/or damages and indemnify the same from all obligations of any payment.

7 To benefit from the Telecare Service and any Government Schemes and subsidies with respect to the service, I am to submit this application to the Active Ageing and Community Care. Subject to having satisfied the eligibility criteria and following approval from the Active Ageing and Community Care, I will be provided with the Service.

8 Once approved and the agreement with the Service Provider (Connected Care) is concluded, I will benefit from a subsidy on the payments charged by the Service Provider.

9 It is your responsibility to ensure that the agreement with the Service Provider is concluded and signed. It is also your responsibility to ensure that I adhere and follow the conditions stipulated in the agreement signed with the Service Provider.

10 It is expressly being declared by the Applicant that the Active Ageing and Community Care ('AACC') shall not, in any event or circumstance, be held liable for any and all claims, losses, actions, damages, costs, personal injury or death, expenses including legal fees or any other expenses arising out of the applicant's use of the Service and/or the agreement signed between the Service Provider and you. To this effect, I agree to hold harmless and indemnify AACC and its agents, directors and personnel against any and all claims, losses, actions, damages, costs, personal injury or death, expenses including legal fees or any other expenses arising out of your use of the Service.

11 I am responsible for paying all bills issued by the Service Provider in accordance with the agreement signed between you and the Service Provider.

12 The service requested shall be provided in accordance with the terms of the Contract CT2352/2023 for the Provision of a Remote, Emergency Communication and Wellbeing Service for the Active Ageing and Community

Care, entered into between the Department of Contracts on behalf of the Active Ageing and Community Care and Connected Care.

13 I am fully responsible for the accuracy and truthfulness of the information provided.

14 By signing this application, I am hereby giving my consent to the Active Ageing and Community Care to process and keep under its care the personal and sensitive information that I am obliged to provide as part of this application. As of now I am authorising Active Ageing and Community Care to provide all necessary information to Connected Care Limited (the Service Provider) in connection with the processing of this application and the provision of the service.

15 I understand that:

- a. If I do not provide this information the application cannot be processed;
- b. In order to process this application, authorised employee/s can have access to this personal and sensitive information;
- c. Certain details that do not identify me can be processed for statistical purposes.

16 I understand that for the purposes of the Data Protection Act, Chapter 586 of the Laws of Malta, if I so request in writing, I have the right to know what information is being held by the AACC about me. I am also aware that for the purposes of the same Act, the Controller of my Personal data is the Active Ageing and Community Care.

Signature (applicant): _____

Name and Surname: _____

Signature (representative): _____

Name and Surname: _____

Date: _____

Your application should be sent by post to the following address:

Ċentru Servizz Anzjan

3, Old Mint Street, Valletta VLT 1510

Telephone No: 22788900 or 21483600