| Application Form | | |
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| Applicant Information | | |
| Name: | | |
| Date of birth: | E-mail: | Phone: |
| Current address: | | |
| City: |  | Post Code: |
| Applicant user Information | | |
| Name: | | |
| Please fill in if different from above: | | |
| Current address: | | D O B |
| Phone: | E-mail: |  |
| City: |  | Post Code: |
| Diagnosis | | |
| Type of epilepsy: | | |
| Please tick one of the following: | | Bed monitor: |
|  | I D Band: | CCTV: |
| Proof of ENTITELMENT | | |
| Consultant letter: | DWP letter: |  |
|  | | |
| Please tick if you would be happy for this item to be featured in any EpilepsySussex publicity (including on our website, social networking pages) | | |
| By ticking the box I agree that I will email the accompanied required documents to EpilepsySussex@gmail.com or post them to 109 Greenway,Sussex,BN20 8UL | |  |
| Signatures | | |
| A signed and dated form will be required from  yourself to confirm item has been  delivered / set up/ shown how to use / caring for item/ returning  item/ any damage to be paid for either to mend or replace. | | |
| Signature of applicant or parent if under 18 years of age: | |  |
| Signature: | | Date: |