| Application Form | | | |
| --- | --- | --- | --- |
| 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 or put Yes in one of the following:   |  |  | | --- | --- | | Oximeter: | Sunflower: | | | | Bed monitor: |
| Key Safe: | I D Band: | CCTV: | Pillow: |
| Proof of ENTITELMENT Please tick or put Yes in one of the following: | | | |
| Consultant letter: | DWP letter: | | Other may help: |
|  | | | |
| Please put Yes or No if you would be happy for this item to be featured in any EpilepsySussex publicity (including on our website, social networking pages) | | | |
| By putting Yes in the box I agree that I will email or post 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: |