

**APPLICATION FOR THE HANDYVAN SERVICE**

Send completed form to the above address (Take a copy if required)

**PROPOSER DETAILS**

Organisation..... Name..... Tel Number.....

**Data Protection Act 1998 In accordance with the Data Protection Act 1998 I hereby advise that I have** Informed the client and they have given their consent to these personal details being given to Care & Repair (West Leicestershire) Ltd and shared with those agencies working in partnership with it for the sole purpose of administering, monitoring and evaluating the Leicestershire Safe at Home/Help the Aged HandyVan scheme in Charnwood, Hinckley & Bosworth and North West Leicestershire.

I have informed the client that to be eligible for the scheme they must be over 60 with less than £20,000 savings.

Proposer Signature.....Date.....

**CLIENT DETAILS**

Client Name.....Title.....Date of Birth...../...../.....

Office  
use only

Address.....  
.....  
.....  
.....  
Postcode.....

**PRODUCTS NEEDED (Please tick)**

- Smoke Detector
- Door Chains
- Spyhole
- Mortice Locks
- Mortice Bolts
- Window Locks

Telephone Number.....  
Male  Female

- If yes, are window frames: - wood   
- metal   
- upvc

**Accommodation:**

- Local Authority  Private Tenant
- Privately Owned  Housing Association

(Please name it:.....)

**SOME QUESTIONS TO HELP US HELP YOU**

Do you live alone?.....YES  NO

Do you receive a means tested benefit?.....YES  NO

Have you been a victim of crime in the last 12 months?.....YES  NO

Have you had a visit from the Help the Aged HandyVan before? YES  NO

Please tick any statement below that applies to any member of your household

- SENSORY DISABILITY e.g. hearing loss, deafness, partially sighted, blind
- MOBILITY DISABILITY e.g. difficulty walking
- OTHER DISABILITY please specify
- LONG TERM LIMITING ILLNESS please specify

Are there any days you are unavailable?.....