



**Friendly Call Service**

Right of Place Second Chance

info@rightofplace.com or 1890 200 709

**Client Application Form**

**1. About You**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Address: \_\_\_\_\_

Do you normally live Alone? (Please Tick)      Yes          No   

**2. About Your Health**

(a) Do you suffer from any of the following? (Please Tick)

Hearing Difficulties   

Sight Difficulties   

Speech Difficulties   

Mobility Difficulties   

(b) Are there any other details about your health that you want us to know?



**3. About your call**

Right of Place Second Chance will operate between the hours of 10.00am - 4.00pm. Please indicate a suitable time to receive your call (please note this can not always be guaranteed)

\_\_\_\_\_AM/PM

**4. How did you hear about the Service?**

**5. Authorisation**

I wish to have my name included in the list of those who receive a regular call from ROPSC “Friendly Call Back Service”

I agree that a Friendly Call Team member from my Region is authorized by me if he/she needs to contact me at the agreed time / date and may call another date if there is no availability.

Remember this is a Service with no Statutory responsibility for this area and we are under no legal obligation to provide this service

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only**

Date Application Received:

\_\_\_\_\_

Confirm added to Friendly call back List:

\_\_\_\_\_

Commencement Date:

\_\_\_\_\_

Signed/Dated:

\_\_\_\_\_

Director of Services Signature:

\_\_\_\_\_