



Epilepsy Lifestyle

Solutions to the everyday puzzles

Epilepsy Lifestyle Night Time Monitoring Scheme Application Form

To apply for a monitor/pillow you must enclose a copy of a letter from a healthcare professional that states an epilepsy diagnosis, along with proof of entitlement to either Child Tax Credit, Income Support or Employment Support Allowance

If you are unsure what would be best suited for you or your child please see the Epilepsy Lifestyle 'Night Time Monitoring' brochure, which you will find on the website, or you can contact us directly

Once completed please send your signed form to: Epilepsy Lifestyle, PO Box 3204, Eastbourne BN21 9QT

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|---|--|
| Name of the person who will be using the monitor or pillow | |
| Date of birth of the person who will be using the monitor or pillow | |
| Diagnosis of the person who will be using the monitor or pillow | |
| Name of the person completing this form | |
| Relationship to the person who will be using the monitor or pillow (if you are not applying for yourself) | |
| Address | |
| Telephone Number | |
| Email Address | |

Please tick in the box below to indicate which form of monitor/sleeping solution you are applying for. **You can only apply for one monitor or the pillow**

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|------------------------------------|--|--|
| Oxi-Pulse 30 | | Please circle which colour protective case you would like: blue green yellow red |
| Digital Video Monitor | | By choosing this monitor I understand it is not a seizure monitor or intended to be used as one. |
| Breathe-ZY Anti-Suffocation Pillow | | |
| Brio Wrist Worn Epilepsy Sensor | | By choosing this monitor I agree that I have a specific tablet/iPad/ android phone to be exclusively for the Brio app and left in the user's bedroom |
| Alter-It Companion | | |
| Alert-It Companion Mini | | |

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| Please tick if you would be happy for this grant to be featured in any Epilepsy Lifestyle publicity (including the website and social networking pages) | |
| Please let you know how you heard about us | |

To apply for a monitor you must enclose a copy of a letter from a healthcare professional that states an epilepsy diagnosis, along with proof of entitlement to either Child Tax Credits, Income Support or Employment Support Allowance. If your application is not complete with these documents it will be placed on hold until they have been received.

By signing below I confirm I have enclosed confirmation of diagnosis and proof of entitlement to either Child Tax Credit, Income Support or Employment Support Allowance. I also confirm that I have read, and agree to, the application guidelines below.

Signed

Name

Date

Disclaimer:

The Monitoring Systems are provided by Epilepsy Lifestyle to assist the User in their management, or the management of the Patient, and to help minimise risk. No warranty is given by Epilepsy Lifestyle as to the accuracy of the Monitoring Systems and Epilepsy Lifestyle accept no liability for any consequences of reliance on the Monitoring Systems or of any actions taken by the Patient or any medical practitioner in reliance on the Monitoring Systems. The Monitoring Systems should not be used as a replacement for observation of clinical signs.

Guidelines for applications

- 1) This is a rolling programme, applications can be made at any time.
- 2) We accept applications for any diagnosed patients of any age with any form of epilepsy.
- 3) Epilepsy Lifestyle will respond to you with a decision as soon as possible.
- 4) Beneficiaries can only apply for one type of monitoring system or the Anti-Suffocation Pillow.
- 5) Wherever possible Epilepsy Lifestyle will order the monitoring system direct from the supplier and arrange delivery to your home.
- 6) A letter showing proof of epilepsy diagnosis must be submitted to accompany the application.
- 7) Proof of entitlement to Child Tax Credit, Income Support or Employment Support Allowance must be submitted to accompany the application.
- 8) If either of the above accompanying documents (point 6 & 7) are not received with the application form, the application will be put on hold until they are received.
- 9) Once the monitoring system has been received by you, you have full responsibility for maintenance and upkeep if applicable.
- 10) In line with our grant making policy you will be required to complete and return a feedback form approximately 3 months after receiving your night time monitor.
- 11) By signing this form you agree to all guidelines outlined here and the disclaimer on this application form.