

Friendly Call Service
Right of Place Second Chance
National Healing & Training Centre,
15 Parnell Street, Waterford City

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: