

MORNING CALL

Registered Office: 8 Ardross Terrace, Inverness IV3 5NW Reg. No. 117147
Postal address: 28 Culloden Road, Balloch, Inverness IV2 7HQ Tel. No. 01463-790410

USE BLOCK CAPITALS THROUGHOUT

Full name.....

Address.....

.....Post code

Telephone No.....Date of birth.....

SINGLW / WIDOW /WIDOWER / SEPARATED - delete as appropriate

Do you normally live alone?.....

Which medical practice do you attend?Tel. No.....

Name and telephone number of
person who has a key for your house.

The names, addresses and telephone numbers of two people who are prepared to
accept responsibility if your telephone is not answered:

1.Full name.

Address

Telephone number.....

2.Full name.....

Address.....

Telephone number.....

I wish to have my name included in the list of those to receive a 'Morning Call' telephone call each day between 9am and 11am. I confirm that the above named persons have agreed to being informed if my telephone remains unanswered. I agree that if my application is accepted I shall at all times inform the Supervisor of 'Morning Call' when a call is unnecessary, or when my telephone will not be answered between 9 am and 11am.

In the event of difficulty in contacting me I agree that my Medical Practice can be contacted and for them to supply any relevant information.

By my signature hereto I acknowledge that I have no claim of any kind against 'Morning Call'.

Signed.....

Applicants will be informed if they have been accepted for the 'Morning Call' service and the date of the first call.
Directors: J Brown (Chairman) T Chancellor JA MacGregor BA Merchant OBE JDA Michael MBE