**Return this form directly to** Kristine.Goodliffe@homegroup.org.uk

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Contact Name:** |  |
| **Telephone:** |  |
| **Email:** |  |

**Please indicate which of the products/services listed below your organisation is able to deliver.**

**You are also able to attach further product information in the form of attachments, URLs to relevant information etc.**

|  |  |  |  |
| --- | --- | --- | --- |
| Sensor Fleet |  | Home Automation |  |
| Heat |  | Lights |  |
| Humidity |  | Blind/Curtains |  |
| Light |  | Entertainment |  |
| Noise |  | Communications |  |
| Appliance Monitoring |  | Door Entry |  |
| Fall Detection |  | Appliance Shut-Off |  |
| Bed/Chair Movement |  | Diary with Reminders |  |
| Water Depth/Overflow |  |  |  |
| **If you offer any other services related to our Assistive Technology requirement which you think would assist us in meeting our aspirations, please detail below):** |
|  |

|  |
| --- |
| **Please state below any notable organisations (preferably with case studies) you already supply Assistive Technology products/services to.** |
|  |
| **Home Group may wish to carry out more in-depth discussion with a face to face meeting in Newcastle Upon Tyne in January. Please indicate if this would be of interest** |
| **Yes** |  |
| **No** |  |