



1. CLIENT DETAILS

First Name: (Mr/Mrs/Miss/Ms) Surname:
Residential Address:
Suburb/Town: State: Postcode:
Date of Birth: / / Telephone No: Home () Mobile
Postal Address (if different from above):
Is a Key Safe in place? Yes No Location and Combination No:
Are you an NDIS Participant? Yes No If Yes, please provide your NDIS Number:

2. EMERGENCY DETAILS

Emergency Contact 1

Name: (Mr/Mrs/Miss/Ms) Relationship to Client:
Is this person Next of Kin? Yes No Does this person have a spare key? Yes No
Address:
State: Postcode: Approx. travel time to Client's home:
Telephone No: Home () Business () Mobile

Emergency Contact 2

Name: (Mr/Mrs/Miss/Ms) Relationship to Client:
Is this person Next of Kin? Yes No Does this person have a spare key? Yes No
Address:
State: Postcode: Approx. travel time to Client's home:
Telephone No: Home () Business () Mobile
Further emergency contacts can be added or included when our client services consultant calls you.

3. IMPORTANT MEDICAL INFORMATION

Please identify any significant medication and medical conditions (including allergies, pacemaker, or blood thinning medication). This information will be incorporated into your emergency response profile.

Does the client have a pacemaker? Yes No
Is the client taking blood thinning medication? Yes No
Does Client have problems with? Eyesight Hearing Speech Mobility
Doctor's Name: Doctor's Telephone No: ()

4. PERSON TO BE CONTACTED REGARDING INSTALLATION OR OTHER ENQUIRIES

Name: (Mr/Mrs/Miss/Ms) Relationship to Client:
Telephone No: Home () Business () Mobile
Does this person wish to conduct the installation? Yes No
Does this person wish to be in attendance at time of installation? Yes No

5. SERVICE REQUIRED

Which type of service is required? Choose an option below

1. Home Based Alarm unit with a choice of pendant type Neck Pendant Or Wrist Pendant
2. Mobile GPS enabled Alarm Available as a neck pendant or with carabiner clip
3. The Combination of both alarms for added coverage

Note: A power point or points should be made available for the option chosen above.

6. OTHER OPTIONS AVAILABLE

These are compatible with the Home Based Alarm. Note: Additional fees will apply.

- | | | | |
|---------------------------------------|--------------------------|---------------------------|--------------------------|
| Fall Detector Pendant | <input type="checkbox"/> | Key Safe | <input type="checkbox"/> |
| Easy Press Pendant | <input type="checkbox"/> | Monitored Smoke Detector | <input type="checkbox"/> |
| Additional Pendant for Spouse/partner | <input type="checkbox"/> | Door or Gate Exit Sensors | <input type="checkbox"/> |
| Customised button required | <input type="checkbox"/> | Daily Call | <input type="checkbox"/> |

7. ACCOUNT REQUIREMENTS

- Payment to be made: Monthly Quarterly Half Yearly Yearly
Account to be paid by: Direct Debit Credit Card EFT Other

If Direct Debit or Credit Card, an authorisation form will be sent to you which must be completed and returned to Safety Link.

If accounts are to be forwarded to a person other than the Client, please give details below:

Name: (Mr/Mrs/Miss/Ms) Relationship to Client:

Address:

Suburb/Town: State: Postcode:

Telephone No: Home () Mobile () Email

I/we agree to be responsible for the payment of: All accounts Establishment Fee only

Monthly Service Fee only Additional options on behalf of this Client.

Signed: Date: / /

8. CLIENT AGREEMENT

I have read, understand, and agree to all information in this document and Safety Link's **Terms and Conditions***

Name: Signed:

Comments:

Referral Code (if applicable):

The **Terms and Conditions can be found on our website www.safetylink.org.au.*

A printed copy can also be provided upon request.

Please forward the completed Application Form to:

Safety Link, 16 Eastwood Street Ballarat Central Vic 3350

T: 1800 813 617 F: 1800 193 233

E: info@safetylink.org.au www.safetylink.org.au

Safety Link is a division of Ballarat Health Services ABN 39 089 584 391



Registered NDIS Provider

