APPLICATION FORM

Also available online at www.safetylink.org.au

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	☐	Key Safe	☐
Easy Press Pendant	☐	Monitored Smoke Detector	☐
Additional Pendant for Spouse/partner	☐	Door or Gate Exit Sensors	☐
Customised button required	☐	Daily Call	☐

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:

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

Member of PERSL Personal Emergency Response Services Limited

Certified System Quality ISO 9001 SAI GLOBAL