

Service type: _____

Client ID/PIN: _____

Authority: _____

Client Information Form

Please complete and return to Far North Support Alarms via the Email Form button. **Please send with Client Advice form above (page 1).**

Customer details (Please Complete)

Title Mr Mrs Ms Miss Phone _____

First name _____ Surname _____

Preferred name _____ Date of birth _____

Street Address _____

Suburb _____ State _____ Postcode _____

Complex name _____ Lives alone Lives with _____

Email address _____ Language English Other (specify) _____

Interpreter required Yes No Keyhide (if relevant) Yes No

Location _____ Keysafecode _____

DVA Gold card holder Yes No Goldcard no. _____

Medical Details (please indicate all that apply)

Relevant medical conditions _____

Allergies (specify) _____

Life dependent medications _____

Weight range (specify) Up to 70 kgs 70-100 kgs Over 100 kgs

Name of doctor (optional) _____ Phone _____

Preferred hospital _____

Emergency contacts (Please Complete)

Please list details of people who have agreed to be contacted in the event that you require assistance. Remember your nominated contacts should: live within a reasonable distance, be contactable by telephone and willing to respond in the event of an emergency. Please list contacts in the order you wish for them to be contacted.

Emergency Contact 1

Title Mr Mrs Ms Miss Travel time to client (minutes) _____

Name _____

Relationship _____ Next of kin Yes No

Phone 1 _____ Phone 2 _____ Phone 3 _____

Key Yes No Knows Key Hide Email _____

Emergency Contact 2

Title Mr Mrs Ms Miss Travel time to client (minutes) _____

Name _____

Relationship _____ Next of kin Yes No

Phone 1 _____ Phone 2 _____ Phone 3 _____

Key Yes No Knows Key Hide Email _____

Emergency Contact 3

Title Mr Mrs Ms Miss Travel time to client (minutes) _____
Name _____
Relationship _____ Next of kin Yes No
Phone 1 _____ Phone 2 _____ Phone 3 _____
Key Yes No Knows Key Hide Email _____

Emergency Contact 4

Title Mr Mrs Ms Miss Travel time to client (minutes) _____
Name _____
Relationship _____ Next of kin Yes No
Phone 1 _____ Phone 2 _____ Phone 3 _____
Key Yes No Knows Key Hide Email _____

Personal Emergency Response Service Authorisation

1. I authorise Far North Support Alarms monitoring centre to call the Emergency Service (Ambulance, Fire or Police) on my behalf.
2. I hereby authorise the Emergency Service through its officers to enter my premises and to use any reasonable force necessary to affect such entry. In the event that such entry causes damage or loss I will not hold the Emergency Service liable for such damage or loss and I hereby indemnify Far North Support Alarms against any claim made by others in respect of such damage or loss.
3. I agree to, and am aware of, the recording of all incoming and outgoing telephone communications made to and from Far North Support Alarms Customer Care Centre in relation to the provision of this service.
4. I acknowledge that Far North Support Alarms and their monitoring centre will use or disclose my personal records only when it directly relates to my care or welfare and only then with my consent or as required by law.
5. Where equipment is rented, I acknowledge the equipment remains the property of Far North Support Alarms, including the SIM card, and I will endeavor to maintain the equipment in good working order; and that when I no longer require the equipment, I or my representative will ensure the return of the equipment to Far North Support Alarms or I will be liable for charges.
6. I authorise Far North Support Alarms and their monitoring centre in New Zealand to hold a copy of my record for the purpose of providing continued service in the event of an emergency at Far North Support Alarms Australian Customer Care Centre.
7. Where the SIM card is supplied by Far North Support Alarms, I acknowledge that Far North Support Alarms makes no guarantee concerning GPS, GSM and/or GPRS coverage, availability, reliability and service delivery.

Privacy statement: Far North Support Alarms assures you that your confidential personal information will only be used for the purpose for which you have provided it. It will not be provided to any person or agency without your consent or that of your legally designated representative. If you have any further queries or would like a copy of our privacy policy please contact your local Far North Support Services Alarms office or email the Privacy Officer:

privacy@farnorthsupportalarms.com.au Information collected on this form is to enable Far North Support Alarms to provide a personal emergency response service. You are welcome to contact Far North Support Alarms on 0422 450 020 to update your details at any time.

Client name (please print) _____

Client signature _____ Date _____