SILVER CHAIN ALARMS APPLICATION FORM

Alarm ID:

Client One		
☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other:		
First Name:	Surname:	Date of Birth:
Street Address:		
Suburb:	State:	Post Code:
Email:		
Home Phone:	Mobile:	
☐ Lives alone OR ☐ Lives with:		
Language: ☐ English ☐ Other:	Interpreter required: ☐ Yes ☐ No	
Access to your property in the case of an emergency:		
Keysafe location and code (if applicable):		

Medical Information			
☐ Diabetes Type One	☐ High Blood Pressure	☐ Asthma	☐ Epilepsy
☐ Diabetes Type Two	☐ Low Blood Pressure	☐ History of Stroke	☐ History of Falls
☐ Hearing Impaired	☐ Mobility Problems	☐ Heart Problems	☐ Breathing Problems
Weight range: ☐ Up to 70 kgs ☐ 70 to 100 kgs ☐ Over 100 kgs			
Health Conditions:			
Life Dependent Medication:			
Allergies:			

Next of Kin		
First Name:	Surname:	Home Phone:
Mobile:	Relationship to Client:	

Client Two (if applicable)		
☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other:		
First Name:	Surname:	Date of Birth:
Relationship to Client One:	Is a Second Pendant required: ☐ Yes ☐ No	

Medical Information
Weight Range: ☐ Up to 70 kgs ☐ 70 to 100 kgs ☐ Over 100 kgs
Health Conditions:
Life Dependent Medication:
Allergies:

Emergency Responders

In priority order please list the details of people who have agreed to be contacted in the event that you require assistance.

Your nominated Responders should:

- Live within a reasonable distance
- Be contactable by phone
- Be willing to respond in the event of an emergency

Emergency services will be automatically added to your list of Responders.

Emergency Responder One

☐ Mr ☐ Mrs ☐ Ms ☐ Miss	First Name:	Surname:
Street Address:		
Suburb:	State:	Post Code:
Home Phone:	Mobile:	Work Phone:
Email:		
Relationship to Client:	Travel time to Client:	
Available: ☐ 24/7 ☐ Day ☐ Night	Does this Responder have access to a key: ☐ Yes ☐ No	
Permission to give this Responder your keysafe or access details if required: ☐ Yes ☐ No		

Emergency Responder Two

☐ Mr ☐ Mrs ☐ Ms ☐ Miss	First Name:	Surname:
Street Address:		
Suburb:	State:	Post Code:
Home Phone:	Mobile:	Work Phone:
Email:		
Relationship to Client:	Travel time to Client:	
Available: ☐ 24/7 ☐ Day ☐ Night	Does this Responder have access to a key: ☐ Yes ☐ No	
Permission to give this Responder your keysafe or access details if required: ☐ Yes ☐ No		

Emergency Responder Three

☐ Mr ☐ Mrs ☐ Ms ☐ Miss	First Name:	Surname:
Street Address:		
Suburb:	State:	Post Code:
Home Phone:	Mobile:	Work Phone:
Email:		
Relationship to Client:	Travel time to Client:	
Available: ☐ 24/7 ☐ Day ☐ Night	Does this Responder have access to a key: ☐ Yes ☐ No	
Permission to give this Responder your keysafe or access details if required: ☐ Yes ☐ No		

Equipment Options			
Alarm (includes one standard pendant)			
☐ Purchase			
☐ Rent **subject to availability*			
Pendant			
☐ Wrist Strap			
☐ Neck Cord			
☐ Additional Pendant/s – number of Additional Pendant/s:			
Optional Accessories			
☐ Purchase Falls Detector Pendant			
☐ Rent Falls Detector Pendant **subject to availability*			
☐ Keysafe			
Installation			
☐ Self			
☐ Technician **fees apply, please call for more information*			
Delivery of Equipment **only complete this section if the postal address if different to the client's address*			
First Name:	Surname:		
Address:			
Suburb:	State:	Post Code:	
Home Phone:	Mobile:		
Person Responsible for Payments			
First Name:	Surname:		
Address:			
Suburb:	State:	Post Code:	
Home Phone:	Mobile:		
Email:			
Payment Options **if paying by direct debit, please complete the enclosed Direct Debit Request*			
Upfront Costs			
☐ Credit Card	☐ Direct Debit	☐ Cheque	☐ Cash
Monthly Payments			
☐ Invoice	☐ Direct Debit		
Funded (if applicable)			
☐ HCP	☐ Integrum	☐ Hospice	☐ Other:

Please ensure all parts of this form have been completed.

You may return the Application Form and Direct Debit Request via one of the following options

WA:

In Person	Post	Email
Silver Chain Alarms 6 Sundercombe Street OSBORNE PARK WA 6017	Silver Chain Alarms Reply Paid 65340 OSBORNE PARK WA 6017	alarms@silverchain.org.au

ACT / NSW / NT / QLD / TAS / VIC:

Post	Email
Silver Chain Alarms Reply Paid 247 GLENSIDE SA 5065	alarms@silverchain.org.au

Information collected on this form will be shared with our monitoring centre, emergency services and installation subcontractors where necessary. It is important for you to contact us on 1300 557 551 if any of your personal, medical or emergency responders' details change at any time. We will contact you once we have received your Application Form.

☐ **I have read and agree to the enclosed Terms of Supply**

Full Name of Client or Authorised Representative _____

Signature of Client or Authorised Representative _____

Date _____

Office Use Only	
Received by:	Date:
Client PID:	Biller PID:
Agreement Type:	Contact Group:
Alarm Type:	Alarm ID:
Telecare:	Installation: ☐ Self OR ☐ Technician
☐ Payment Details supplied	☐ Terms of Supply signed
Notes:	