

# Confidential Application Form

**OFFICE USE ONLY.** CSR name \_\_\_\_\_ Application date \_\_\_\_\_ Call Direct Unit I.D.

Notes \_\_\_\_\_

PLEASE PRINT CLEARLY

CLIENT'S DETAILS 1	CLIENT'S DETAILS 2
SA Ambulance Service Ambulance Cover membership number (if applicable) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SA Ambulance Service Ambulance Cover membership number (if applicable) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(Mr/Mrs/Miss/ ) _____ Family name	(Mr/Mrs/Miss/ ) _____ Family name
_____ Given names	_____ Given names
<input type="checkbox"/> Male <input type="checkbox"/> Female Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Pension number _____	Pension number _____
Seniors Card number _____	Seniors Card number _____
Language usually spoken at home _____	Language usually spoken at home _____
Phone number _____ This is the number to which your Call Direct unit will be connected.	Other phone _____
<b>INSTALLATION ADDRESS</b>	
Unit number _____ Street number _____ Street _____	
Suburb _____ Postcode _____	
Rapid number (if applicable) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Special directions _____	
Number of phone points in the house <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2 All touch tone phones <input type="checkbox"/> Yes <input type="checkbox"/> No	
Power point adjacent <input type="checkbox"/> Yes <input type="checkbox"/> No ADSL/broadband <input type="checkbox"/> Yes <input type="checkbox"/> No Monitored security system <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a third party providing subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please state who: _____	
<b>POSTAL ADDRESS</b> _____ Postcode _____	

**Where did you hear about Call Direct?**  Radio  Ambulance Cover mail  Seniors Card  Family/friend

Doctor/health care professional  Customer referral name \_\_\_\_\_

Staff/ambulance officer  Other, please specify \_\_\_\_\_

<input type="checkbox"/> <b>Rental option</b>	<b>\$172.70</b>	<input type="checkbox"/> <b>Purchase option</b>	<b>\$536.20</b>
Unit installation, including mode 3 socket	\$126.50	Unit installation, including mode 3 socket	\$126.50
Unit rental, including one pendant	\$ 16.50	Unit purchase, including one pendant	\$380.00
Unit monitoring, per month	\$ 29.70	Unit monitoring, per month	\$ 29.70
<input type="checkbox"/> <b>Monitoring only option</b>	<b>\$156.20</b>	<input type="checkbox"/> <b>Short term rental option</b>	<b>\$115.00</b>
(eg. must have compatible equipment)		(up to three months)	
Unit installation, including mode 3 socket	\$126.50	Short term installation	\$ 55.00
Unit monitoring, per month	\$ 29.70	Short term rental and monitoring	\$ 60.00

**Optional extras**

<input type="checkbox"/> Secure key box, holds two keys comfortably	\$ 93.50
<input type="checkbox"/> Large secure key box, holds remote keys and swipe cards	\$159.50
<input type="checkbox"/> Extra standard pendant, for second person at the same address	\$ 75.00
<input type="checkbox"/> Wall-mount bracket, for mounting base unit with wall mounted phone	\$ 7.15
<input type="checkbox"/> Repeater, may be required for larger blocks or if interference limits pendant range	\$181.50
<input type="checkbox"/> Phone point / broadband, if no power point nearby or central filter for broadband	\$ 90.00
<input type="checkbox"/> <b>Country delivery surcharge</b> , to cover postage of equipment to country installers	\$ 11.00

**Initial total cost \$ \_\_\_\_\_**

All prices inclusive of GST where applicable and may be subject to change without notice.

**Ambulance Cover is NOT included in Call Direct fees.**

Payment plan (to be paid in advance)  Monthly  Quarterly  Annually

Is there an existing monitoring unit?  No  Yes. If yes, what brand \_\_\_\_\_

**INITIAL PAYMENT OPTIONS (Direct Debit is not available for initial payment)**

**Cheque or money order**

**Credit card payment**  Visa Card  Mastercard

Credit card number \_\_\_\_\_ Expiry date (MM/YY) \_\_\_\_\_

Name on credit card \_\_\_\_\_

Signature of card holder \_\_\_\_\_ Card holder's phone number \_\_\_\_\_

Card holder's address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

**Cash** (only if paid in person at SA Ambulance Service, 216 Greenhill Road, Eastwood)

**MEDICAL INFORMATION**

You must have ambulance transport insurance, please advise us of your insurer.

SA Ambulance Service  Medibank Private  MBF  SGIC  Mutual Community

**Other** (please specify) \_\_\_\_\_ Medic Alert number \_\_\_\_\_

**Medical History** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Weight** \_\_\_\_\_ kg **Allergies** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Current medication** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Doctor's details** \_\_\_\_\_

Family name

Given names

Phone number (bus.) \_\_\_\_\_ Fax \_\_\_\_\_

Surgery name and address \_\_\_\_\_

**CONTACTS** (to be completed in conjunction with the Contact Person Authorisation Form)

**1st contact's details**

(Mr/Mrs/Miss/Ms/Dr/ ) \_\_\_\_\_  
Family name Given names

Relationship to Call Direct client \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

**2nd contact's details**

(Mr/Mrs/Miss/Ms/Dr/ ) \_\_\_\_\_  
Family name Given names

Relationship to Call Direct client \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

**3rd contact's details**

(Mr/Mrs/Miss/Ms/Dr/ ) \_\_\_\_\_  
Family name Given names

Relationship to Call Direct client \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

## Optional payments for ongoing fees

### SA Ambulance Service Direct Debit Request Form – Savings Account

Request for debiting through the Bulk Electronic Clearing System

I/We \_\_\_\_\_  
Full name

of \_\_\_\_\_  
Address

request you until further notice in writing to debit to my/our account described in the schedule below, any amounts which SA Ambulance Service (User ID number 113987) may debit or charge me/us through the Bulk Electronic Clearing System, subject to the terms and conditions of the Direct Debit Service Agreement\*.

I/We understand and acknowledge that:

1. The financial institution may, in its absolute discretion, determine the order of priority of payment by it of any moneys pursuant to this Request or any authority or mandate.
2. The financial institution may, in its absolute discretion, at any time by notice in writing to me/us terminate this Request as to future debits.

Please complete your account details.

Name of financial institution \_\_\_\_\_

Branch address where account is held \_\_\_\_\_

Account name to debited \_\_\_\_\_

BSB number | | | | | | | | | | Account number | | | | | | | | | |

Signatures/s \_\_\_\_\_ Date (DD/MM/YY) | | | | | | | | | |

\* A copy of the Direct Debit Service Agreement is attached to the Purchase/Rental and Monitoring Agreement.

### SA Ambulance Service automatic credit card payments

Credit card payment  Visa Card  Mastercard

Credit card number | | | | | | | | | | | | | | | | | | | | Expiry date (MM/YY) | | | | | |

Name on credit card \_\_\_\_\_

Signature of card holder \_\_\_\_\_ Card holder's phone number \_\_\_\_\_

Card holder's address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Please tick box and sign if you wish SA Ambulance Service to automatically charge your credit card for the applicable monthly charges. \_\_\_\_\_  
Signature

## Application completed

Customer name \_\_\_\_\_

Customer signature \_\_\_\_\_ Date (DD/MM/YY) | | | | | | | | | |

Have you received and signed your Purchase/Rental and Monitoring Agreement.

SA Ambulance Service may send you promotional material that may be of interest to you.  
Please tick if you do not wish to receive this material.

***The supply and use of the Call Direct service and equipment is governed by the terms of the attached Purchase/Rental and Monitoring Agreement. Please ensure you have read and completed the Agreement before returning this application form.***

## Contact Person Acknowledgement Form

PLEASE PRINT CLEARLY

### 1st contact's details

I, \_\_\_\_\_ of \_\_\_\_\_  
Full name Address

acknowledge that I have been nominated by \_\_\_\_\_

I agree to be contacted by SA Ambulance Service ("SAAS") upon the request of the customer and agree to attend at the home of the customer if so requested by SAAS.

My relationship with the customer is: \_\_\_\_\_

My contact phone numbers are: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

I will inform the customer and SAAS promptly of any change to my contact details.

Signed \_\_\_\_\_ Date (DD/MM/YY) | | | | | | | |

### 2nd contact's details

I, \_\_\_\_\_ of \_\_\_\_\_  
Full name Address

acknowledge that I have been nominated by \_\_\_\_\_

I agree to be contacted by SA Ambulance Service ("SAAS") upon the request of the customer and agree to attend at the home of the customer if so requested by SAAS.

My relationship with the customer is: \_\_\_\_\_

My contact phone numbers are: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

I will inform the customer and SAAS promptly of any change to my contact details.

Signed \_\_\_\_\_ Date (DD/MM/YY) | | | | | | | |

### 3rd contact's details

I, \_\_\_\_\_ of \_\_\_\_\_  
Full name Address

acknowledge that I have been nominated by \_\_\_\_\_

I agree to be contacted by SA Ambulance Service ("SAAS") upon the request of the customer and agree to attend at the home of the customer if so requested by SAAS.

My relationship with the customer is: \_\_\_\_\_

My contact phone numbers are: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

I will inform the customer and SAAS promptly of any change to my contact details.

Signed \_\_\_\_\_ Date (DD/MM/YY) | | | | | | | |

**Privacy and your information.** SA Ambulance Service (SAAS) recognises the importance of protecting the privacy of an individual's personal details and only collects information that is relevant and necessary for the purposes of SAAS operations. A copy of SAAS's Privacy Policy can be obtained by contacting SAAS's Customer Service Centre or by visiting the SAAS website. Phone: 1300 13 62 72. Fax: 8274 0471. Email: enquiries@saambulance.com.au. Surface mail: GPO Box 3 ADELAIDE SA 5001. Website: www.saambulance.com.au