CALL DIRECT

SA Ambulance Service 24 Hour Emergency Monitoring

Confidential Application Form

OFFICE USE ONLY. CSR name ______________ Application date ______ Call Direct Unit I.D. |_|_|_|_|

Notes ______________________________

PLEASE PRINT CLEARLY

CLIENT'S DETAILS 1

SA Ambulance Service Ambulance Cover membership number (if applicable) |_|_|_|_|_|_|_|

(Mr/Mrs/Miss/) ______________________
Family name

____
Given names

☐ Male ☐ Female Date of birth |_|_|_|_|_|_|

Pension number ______________

Seniors Card number ______________

Language usually spoken at home ______________

Phone number ______________
This is the number to which your Call Direct unit will be connected.

CLIENT'S DETAILS 2

SA Ambulance Service Ambulance Cover membership number (if applicable) |_|_|_|_|_|_|_|

(Mr/Mrs/Miss/) ______________________
Family name

____
Given names

☐ Male ☐ Female Date of birth |_|_|_|_|_|_|

Pension number ______________

Seniors Card number ______________

Language usually spoken at home ______________

Other phone ______________

INSTALLATION ADDRESS

Unit number ______ Street number ______ Street ______________

Suburb ______________ Postcode ______

Rapid number (If applicable) |_|_|_|_|_|_|_| Special directions ______________

____

Number of phone points in the house ☐ 1 ☐ 2 ☐ >2 All touch tone phones ☐ Yes ☐ No

Power point adjacent ☐ Yes ☐ No ADSL/broadband ☐ Yes ☐ No Monitored security system ☐ Yes ☐ No

Is a third party providing subsidy? ☐ Yes ☐ No If so, please state who: ______________

POSTAL ADDRESS ______________ 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 ______________

☐ **Rental option**	**$172.70**	☐ **Purchase option**	**$573.70**
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	$417.50
Unit monitoring, per month	$ 29.70	Unit monitoring, per month	$ 29.70
☐ **Monitoring only option**	**$156.20**	☐ **Short term rental option**	**$115.00**
(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

☐ Secure key box, holds two keys comfortably	$ 93.50
☐ Large secure key box, holds remote keys and swipe cards	$159.50
☐ Extra standard pendant, for second person at the same address	$ 75.00
☐ Wall-mount bracket, for mounting base unit with wall mounted phone	$ 7.15
☐ Repeater, may be required for larger blocks or if interference limits pendant range	$181.50
☐ Phone point / broadband, if no power point nearby or central filter for broadband	$ 90.00
☐ **Country delivery surcharge**, 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)

☐ **Cash** (metropolitan customers only at installation)

☐ **Cheque or money order**

☐ **Credit card payment** ☐ Visa Card ☐ Mastercard ☐ American Express

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 ________________

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 ☐ American Express ☐ Bankcard

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.

CALL DIRECT

SA Ambulance Service 24 Hour Emergency Monitoring

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