

PERSONAL EMERGENCY ALARM APPLICATION FORM

 AMBULANCE

 POLICE & FIRE

 CARERS & FAMILY

INTUITIVE DESIGN & INNOVATIVE EXTRAS

LIGHTWEIGHT 3G BASE UNIT

40+ HOURS BATTERY BACKUP

SIMPLE SELF-INSTALLATION

FLEXIBLE PAYMENT OPTIONS

24-HOUR SUPPORT FOR PEACE OF MIND

24/7 EMERGENCY HELP

INDUSTRY ACCREDITED

FULLY TRAINED OPERATORS

DEDICATED SUPPORT TEAM

Please complete this form and return to us using one of the options below, and one of our helpful Blueassist team will contact you to finalise setting up your account. You must complete all sections of this form to ensure your application is processed efficiently. Fields that do not apply can be marked 'N/A' (Not Applicable).

Email: blueassist@blueforce.com.au **Post:** PO Box 251, Tuart Hill WA 6939

1) PRIMARY USER DETAILS

Title: Mr Mrs Ms Other:

Date of Birth:

First Name(s):

Surname:

Residential Address:

Postal Address: Same as above Other:

Email:

Phone (Home):

Phone (Mobile):

User Requirements: I will be the sole Blueassist user There will be additional Blueassist users

2) REFERRER DETAILS

Please provide details of the party responsible for referring you to Blueassist:

Not applicable *(Please go to the next section)*

Full Name:

Relationship to User:

Company / Organisation:

(Leave blank if not applicable)

Address:

Email:

Phone (Work):

Phone (Mobile):

ADMINISTRATION (for completion by Blueforce)

Client ID:

Checked: *(Initials and date)*

NOTE: Prices are supply only and inclusive of GST. Prices marked with an asterisk (*) are GST free.

3) PACKAGE SELECTION

Please tick ONE option only from the below selection:

<input type="checkbox"/> PACKAGE 1 - PURCHASE STANDARD PENDANT	\$475.00* upfront
Includes 3G alarm unit and 1x standard necklace style pendant. Ongoing weekly monitoring fees (\$19.07 billed monthly in advance).	\$4.40 per week
<input type="checkbox"/> PACKAGE 2 - PURCHASE FALLS DETECTOR PENDANT	\$616.00* upfront
Includes 3G alarm unit and 1x fall detector pendant. Ongoing weekly monitoring fees (\$19.07 billed monthly in advance).	\$4.40 per week
<input type="checkbox"/> PACKAGE 3 - RENT STANDARD PENDANT	\$43.33 upfront
Includes weekly rental of 3G alarm unit and 1x standard necklace style pendant. First month's monitoring included in upfront cost. Ongoing weekly monitoring fees (\$43.33 billed monthly in advance).	\$10.00 per week
<input type="checkbox"/> PACKAGE 4 - RENT FALLS DETECTOR PENDANT	\$65.00 upfront
Includes weekly rental of 3G alarm unit and 1x fall detector pendant. First month's monitoring included in upfront cost. Ongoing weekly monitoring fees (\$65.00 billed monthly in advance).	\$15.00 per week

4) PACKAGE ADD-ONS

Please tick the add-on options below you wish to add to your package and list the quantity required for each.

<input type="checkbox"/> ADDITIONAL STANDARD PENDANT Lightweight, slimline, hot waterproof emergency pendant.	<input type="checkbox"/> Purchase Qty: \$79.00* upfront <u>or</u>
	<input type="checkbox"/> Rental Qty: \$2.00 per week
<input type="checkbox"/> ADDITIONAL FALLS DETECTOR PENDANT Emergency pendant with in-built fall detection technology.	<input type="checkbox"/> Purchase Qty: \$220.00* upfront <u>or</u>
	<input type="checkbox"/> Rental Qty: \$5.00 per week
<input type="checkbox"/> KEY SAFE A strong and secure external lockbox to store spare keys.	<input type="checkbox"/> Purchase Qty: \$77.00 upfront <u>or</u>
	<input type="checkbox"/> Rental Qty: \$1.50 per week
<input type="checkbox"/> SMOKE DETECTOR A monitored smoke sensor linked to your Blueassist unit.	<input type="checkbox"/> Purchase Qty: \$255.00 upfront <u>or</u>
	<input type="checkbox"/> Rental Qty: \$5.50 per week
<input type="checkbox"/> FIXED CALL POINT Wall-mounted emergency button linked to base unit.	<input type="checkbox"/> Purchase Qty: \$118.00 upfront <u>or</u>
	<input type="checkbox"/> Rental Qty: \$2.50 per week

5) PRODUCT DELIVERY

Please tick ONE option only from the below selection:

<input type="checkbox"/> PROFESSIONAL INSTALLATION <i>(Australian metro areas only)</i>	\$110.00 upfront
A fully-licensed technician will deliver, install, test and demonstrate your package at your residence.	
<input type="checkbox"/> POSTAGE & SELF-INSTALLATION <i>(Australian addresses only)</i>	\$16.50 upfront
Your package will be express posted with instructions for simple plug-and-play self-installation.	

Please provide the address your package is to be posted to (please note we do not accept PO Box addresses):

Same as above *(Same address and contact as listed in Section 1 of this Application Form. Please go to the next section)*

Contact Name: _____ **Contact Phone:** _____

Street Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

ADMINISTRATION (for completion by Blueforce)

Client ID: _____ **Checked:** *(Initials and date)* _____

6) UPFRONT PAYMENT

Please indicate below who will be responsible for upfront fees (includes all hardware, delivery and installation fees and first month's monitoring fees). Upfront fees will be deducted from your nominated credit card upon your application being processed.

Full Name:

Company / Organisation: *(Leave blank if not applicable)*

Postal Address:

Email:

Phone (Home):

Phone (Mobile):

Please complete details below of the credit card to be charged for upfront fees:

Credit Card Type: Mastercard Visa *(Please note we do not accept American Express credit cards)*

Card Number: _____ - _____ - _____ - _____ Card Expiry: (MM/YY) __ / __

Name on Card:

Cardholder Signature:

7) ONGOING PAYMENT

Please indicate below who will be responsible for payment of ongoing fees (includes recurring monitoring and rental fees):

Same as above *(Please complete direct debit information in the next section)*

Full Name:

Company / Organisation: *(Leave blank if not applicable)*

Customer Reference: *(Leave blank if not applicable)*

Postal Address:

Email:

Phone (Home):

Phone (Mobile):

8) SCHEDULE OF ONGOING FEES

Please refer to the below schedule of ongoing fees (including recurring monitoring and rental fees) to be billed monthly in advance:

MONITORING PACKAGES		PACKAGE ADD-ON RENTAL	
Package 1: Standard Pendant Purchase	\$19.07/month	Additional Standard Pendant Rental	+ \$8.66/month
Package 2: Falls Pendant Purchase	\$19.07/month	Additional Falls Pendant Rental	+ \$21.67/month
Package 3: Standard Pendant Rental	\$43.33/month	Key Safe Rental	+ \$6.50/month
Package 4: Fall Detector Pendant Rental	\$65.00/month	Smoke Detector Rental	+ \$23.83/month
		Fixed Call Point Rental	+ \$10.83/month

ADMINISTRATION (for completion by Blueforce)

Client ID:

Checked: *(Initials and date)*

9) DIRECT DEBIT DETAILS

Please complete details below of the credit card or bank account to be debited for ongoing fees:

Same credit card as upfront payment *(Please provide cardholder signature below)*

Cardholder Signature: _____

Different credit card *(Please provide details below)*

Credit Card Type: Mastercard Visa *(Please note we do not accept American Express credit cards)*

Card Number: _____ - _____ - _____ - _____ Card Expiry: (MM/YY) ____ / ____

Name on Card: _____

Cardholder Signature: _____

Bank account *(Please provide details below)*

Account Name: _____

Bank Name: _____

Account Number: _____ BSB Number: _____ - _____

Account Holder Signature: _____

Do not set up direct debit payments *(Payment will be made via EFT upon receipt of invoice)*

10) PAYMENT TERMS AND CONDITIONS

1. Prices are supply only and inclusive of GST. Prices marked with an asterisk (*) are GST free.
2. All prices provided in this Application Form are subject to change as outlined in our Terms of Supply.
3. Upfront fees are payable prior to your application being processed.
4. Payment terms for ongoing fees are strictly 15 days.
5. Blue Force Pty Ltd will only deduct funds from your nominated credit card or bank account as authorised in this Application Form.
6. Blue Force Pty Ltd will keep all information relating to your nominated account at your financial institution confidential except to the extent that it is required to process direct debit transactions or if specifically required by law.
7. Blue Force Pty Ltd will deduct upfront fees for your selected package from the nominated credit card provided in Section 6 of this Application Form.
8. Blue Force Pty Ltd will deduct ongoing fees for your selected package from the nominated credit card or bank account provided in Section 9 of this Application Form.
9. Ongoing fees will be charged monthly in advance as per the schedule in Section 8 of this Application Form.
10. By providing a cardholder or account holder signature above you give permission to Blue Force Pty Ltd to deduct ongoing fees from the nominated credit card or bank account.
11. If the debit day falls on a weekend or a public holiday, funds will be deducted on the first business day thereafter.
12. You may request that we cancel or alter the direct debit request by contacting us and providing at least seven (7) days' notice of any requested changes. These changes may include deferring the debit, altering the debit dates, stopping an individual debit, suspending the direct debit arrangement or cancelling the direct debit completely.
13. It is the responsibility of the account holder to have sufficient clear funds available in the account on the due date to permit the payment of debit items initiated in accordance with this direct debit request.
14. Blue Force Pty Ltd will not be liable for any fees charged to you by your financial institution, such as those incurred from insufficient clear funds in your nominated account.
15. If your payment is dishonoured due to insufficient funds, we will contact you to arrange payment by another method or arrange for sufficient funds to be in your account by an agreed time so that we can process the debit payment.
16. Repeated failure to deduct fees due to insufficient funds or incorrect billing details will result in the cancellation of services.

ADMINISTRATION (for completion by Blueforce)

Client ID: _____

Checked: *(Initials and date)*

Payee Reference: _____

EMERGENCY CONTACTS AND ALARM RESPONSE

RESIDENCE DETAILS

Street Address:

Suburb:

State:

Postcode:

Cross-Street:

Phone (Landline):

Key Safe Location:

Key Safe Code:

EMERGENCY CONTACTS

Please list contact details of emergency contacts. We recommend listing persons able to attend quickly in the event of an emergency. We recommend you do not list persons living interstate or overseas. Emergency services will automatically be included as additional emergency contacts on your account.

Primary Contact

Contact Name:

Phone (Mobile):

Relationship to Client:

Phone (Home):

Preferred Contact Number: Mob Home Work

Phone (Work):

Secondary Contact

Contact Name:

Phone (Mobile):

Relationship to Client:

Phone (Home):

Preferred Contact Number: Mob Home Work

Phone (Work):

Third Contact

Contact Name:

Phone (Mobile):

Relationship to Client:

Phone (Home):

Preferred Contact Number: Mob Home Work

Phone (Work):

Fourth Contact

Contact Name:

Phone (Mobile):

Relationship to Client:

Phone (Home):

Preferred Contact Number: Mob Home Work

Phone (Work):

ALARM RESPONSE PROCEDURE

In the event where a medical alarm is received by Blueforce and no voice contact can be established, please select ONE option below to indicate how you would like our operators to respond:

Response Required:

Notify the ambulance service immediately

Notify the nominated contact people first

ADMINISTRATION (for completion by Blueforce)

SIM Call Back Number:

Client ID:

Bureau Code:

BFA3 BFA4

Checked: (Initials and date)

NOTE: A medical history and information agreement form must be completed by EACH user at the above listed residence. Forms for additional users are available on request – simply contact us on 1300 731 716.

USER 1 - MEDICAL HISTORY AND INFORMATION AGREEMENT

RESIDENT DETAILS

Full Name:

Date of Birth:

MEDICAL HISTORY

This information will be provided to external agencies and services in the event of an emergency only.

Please tick if you have a medical history of any of the below conditions:

- I have a history of:
- | | | |
|--|------------------------------------|-----------------------------------|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Stroke | <input type="checkbox"/> Asthma |

(Heart disease as listed above includes heart attack, angina, etc)

Please provide details below of any allergies you may have:

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Please provide any further medical information below that may assist our operators and emergency response services:

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AMBULANCE COVER

Please indicate whether you currently have ambulance coverage with an insurance provider by selecting ONE option below:

- Ambulance Coverage:
- I currently have ambulance coverage
- I do not currently have ambulance coverage

AGREEMENT FOR USE OF INFORMATION

I confirm the following:

- I give permission for the use of the supplied identifying data and understand that this information will be kept in accordance with requirements of the Privacy Act 2001.
- I give permission for my details to be provided to other agencies in the event of a medical or personal emergency.

User's Signature:

Date:

User's Full Name:

ADMINISTRATION (for completion by Blueforce)

Client ID:

Checked: *(Initials and date)*

NOTE: A medical history and information agreement form must be completed by EACH user at the above listed residence. Forms for additional users are available on request – simply contact us on 1300 731 716.

USER 2 - MEDICAL HISTORY AND INFORMATION AGREEMENT

USER DETAILS

Full Name:

Date of Birth:

MEDICAL HISTORY

This information will be provided to external agencies and services in the event of an emergency only.

Please tick if you have a medical history of any of the below conditions:

- I have a history of:
- | | | |
|--|------------------------------------|-----------------------------------|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Stroke | <input type="checkbox"/> Asthma |
- (heart disease as listed above includes heart attack, angina, etc)*

Please provide details below of any allergies you may have:

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Please provide any further medical information below that may assist our operators and emergency response services:

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AMBULANCE COVER

Please indicate whether you currently have ambulance coverage with an insurance provider by selecting ONE option below:

- Ambulance Coverage: I currently have ambulance coverage
- I do not currently have ambulance coverage

AGREEMENT FOR USE OF INFORMATION

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- I give permission for my details to be provided to other agencies in the event of a medical or personal emergency.

User's Signature:

Date:

User's Full Name:

ADMINISTRATION (for completion by Blueforce)

Client ID:

Checked: *(Initials and date)*