



Combined Alarm Services

Customer Information Form

Key Surname: Key CID No:

Personal

Given Names: Last Name: Sir/Mr/Mrs/Miss/Ms
 Date Of Birth: Date Of Birth (Partner): Specify:
 Address:
 State: P/Code: Cross Street:
 Postal:
 Phone 1: Phone 2: Phone 3:

Alarm Data

CID: Programming Code: Other:
 Product Information: CareTech Version: Serial Number:
 Products Used (please tick):

Key Description: Where Key Is:

Access to Patients Door: Best Way of Access:

Way Description: Driver Instructions:
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Living Environment (please tick)

House Flat Unit Village Complex
 Ground Lowset Highset Floor Number

Land Description (please tick)

Acreage Farm Suburban Allotment Steeply Sloping Gently

Health

Present Medical Status (be specific)

 Any Medications

LOCAL CONTACT DETAILS Police: Ambulance: Fire: Doctor Name: Phone 1: Phone 2: Phone 3:
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Additional Health Information
Please Tick

<i>Impairment</i>	<i>Y</i>	<i>N</i>	<i>Define</i>	<i>Medication</i>	<i>Y</i>	<i>N</i>
Hearing						
Speech						
Mobility						
Sight						
Respiration						
Heart						
Confusion						
Blood Pressure						

Additional Information:

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Any Additional Health Problems:

- Diabetes
 Coronary Heart Disease
 Epilepsy
 Stroke
 Dementia
 Blood Pressure
 Other

- Ambulance Member Yes No
 Pensioner Yes No

NEXT OF KIN DETAILS

Name: Relationship:

Address:

Phone 1: Phone 2: Phone 3:

Confidential and Authority: I accept that my personal information will be kept confidential to Combined Alarm Services as will operational call recordings; however; I hereby give permission to Combined Alarm Services Control Room and its agents to disclose any information at their discretion and to obtain Ambulance transportation if requested or considered appropriate by the Combined Alarm Services Control Room Operators.

Access and Indemnity: I also accept responsibility for ensuring access to the dwelling for emergency service personnel, and for changes in my personal information to be made known to the Combined Alarm Services Control Room and I accept full responsibility for any liability in consequence of access not being made available and any relevant information updating not being made directly to the Control Room.

Signed: Date:



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Additional Contact Details: Relatives/Nurses/Friends

1. Surname: First Name:
 Relationship: Availability (day/night/24hours):
 Phone 1: Phone 2: Phone 3:
 Address:
 Travel Time to Client (mins): Please tick: Has Keys Knows Hidden Keys
 E-mail Address:

2. Surname: First Name:
 Relationship: Availability (day/night/24hours):
 Phone 1: Phone 2: Phone 3:
 Address:
 Travel Time to Client (mins): Please tick: Has Keys Knows Hidden Keys
 E-mail Address:

3. Surname: First Name:
 Relationship: Availability (day/night/24hours):
 Phone 1: Phone 2: Phone 3:
 Address:
 Travel Time to Client (mins): Please tick: Has Keys Knows Hidden Keys
 E-mail Address:

4. Surname: First Name:
 Relationship: Availability (day/night/24hours):
 Phone 1: Phone 2: Phone 3:
 Address:
 Travel Time to Client (mins): Please tick: Has Keys Knows Hidden Keys
 E-mail Address:

5. Surname: First Name:
 Relationship: Availability (day/night/24hours):
 Phone 1: Phone 2: Phone 3:
 Address:
 Travel Time to Client (mins): Please tick: Has Keys Knows Hidden Keys
 E-mail Address:

6. Surname: First Name:
 Relationship: Availability (day/night/24hours):
 Phone 1: Phone 2: Phone 3:
 Address:
 Travel Time to Client (mins): Please tick: Has Keys Knows Hidden Keys
 E-mail Address:

Additional Comments/Notes:



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AGREEMENT

ABN: 26 055 776 504

No:.....

This Agreement is between GSS Asset Management Trading As Combined Alarm Services of 119 Bunda Street, Cairns, Queensland, Australia (herein referred to as "Combined Alarm Services")

And (herein referred to as "the Client")

Of (herein referred to as "the Premise")

Whereas Combined Alarm Services provides a personal 24 hour emergency monitoring service using certain telecommunications equipment (herein referred to as "the Equipment") and the Client has a need for that service in the Client's Premises, Combined Alarm Services makes the following agreement with the Client.

1 (a) Combined Alarm Services and/or its agents will ensure that staff are available continuously to monitor emergency calls activated by the Client through the Equipment located in their Premises.

- (b) Upon receipt of an emergency call activated by the Client through the Equipment located in their Premises, Combined Alarm Services will ensure that one or more of the following is achieved -
(i) Talk to the Client to find out the problem which prompted the call and see if it can be solved without further action;
(ii) Ask a nominated support respondent to visit the Client to give help;
(iii) Contact emergency or community support services on the Clients behalf;
(iv) Arrange for access to be gained to the residence if necessary using a key provided by the Client.

(c) Any action taken in accordance with Clause 1 (b) above will be at the absolute discretion of Combined Alarm Services and no liability whatsoever will attach to Combined Alarm Services or its employees or agents in connection with the exercise of this discretion.

2 The Client accepts that neither Combined Alarm Services, its agents nor employees will be held liable for any service failures as a result of -
(i) the monitored telephone not being connected to a Mode 3 socket, or additions made untested by Combined Alarm Services Call Centre;
(ii) the failure of the telephone line and/or switching which acts as the carrier of alarm signal to the Monitoring Centre and/or calls from the Monitoring Centre to the Client;
(iii) neglect by the Client to keep the Monitoring Centre informed of all relevant information which may affect the way monitoring responses are made.

3. Where access by emergency services has not been provided independently of responders, the Client accepts responsibility for damage in access being gained and for any time delay consequences.

4. The Client agrees to pay the initial costs and continuing fees as invoiced. Non-payment of the ongoing monthly fee will terminate this agreement. Rented equipment remains the liability of hirer until returned in good order and condition.

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Client Signature Name (printed) Date

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Witness Signature Name (printed) Date

Relationship of person signing on behalf of Client: