

1. Caremate Service User Details – Person Using Caremate

NAME

PHONE NUMBER

MOBILE

NEAREST INTERSECTION TO YOUR HOME (TO ASSIST AMBULANCE)

MAIN LANGUAGE SPOKEN

STREET ADDRESS

SUBURB

STATE

POSTCODE

EMAIL

LIVES ALONE OR LIVES WITH:

WEIGHT RANGE

 Up to 70kgs 70-100kgs over 100kgs

2. Delivery

Deliver Caremate to: My Address Or Other Address: _____

3. Nominated Contact Details

NAME OF NOMINATED CARER 1

RELATIONSHIP

PHONE

NAME OF NOMINATED CARER 2

RELATIONSHIP

PHONE

4. Medical Information

Please advise relevant medical details to help us assist you. Please tick/circle all those that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Breathing problems | <input type="checkbox"/> Blood pressure - High / Low / Fluctuates |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Asthma | <input type="checkbox"/> Mobility problems: Wheelchair / Frame / Stick / History of falls / Arthritis. |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Taking Warfarin | |
- Detail allergies and life dependent medications or other information that may assist us.

5. Home Security Information

Please advise any information to assist Ambulance entry. For example: • Do you have hidden keys? Where are they? • Do you have a key safe? What is the code and location? • Any security doors or alarms, please provide codes or information.

6. Personal Emergency Response Service Authorisation

1. I authorise Caremate to call the Emergency Service (Ambulance, Fire, Police) on my behalf.
2. I hereby authorise the Emergency Service through its officers to enter the above described premises and to use any reasonable force necessary to effect such entry. In the event that such entry causes damage or loss I will not hold the Emergency Services liable for such damage or loss and I hereby indemnify Caremate in respect of any claim made against it by others in respect of such damage or loss.
3. I agree to, and am aware of, the recording of all incoming and outgoing telephone communications made to and from the Caremate Care Centre in relation to the provision of this service.
4. Caremate cannot guarantee attendance of Emergency Services. Caremate should not solely be relied upon as a life saving service.

Information collected on this form will enable Caremate to provide a personal emergency response service.
Please call Caremate at any time on 1300 768 801 if any of your information changes.

Signature: _____ Date: _____

1. Caremate Subscriber Details - Person Responsible for Making Payments

NAME

PHONE NUMBER

MOBILE

STREET ADDRESS

SUBURB

STATE

POSTCODE

EMAIL

2. Payment Information

See at bottom of this page Caremate Customer Service Agreement for important information.

12 Month Agreement - Minimum 12 months payments. No upfront charges. (Minimum total cost over 12 months \$468)

Please Tick Amount and Frequency: Monthly (\$39) Quarterly (\$117) Annually (\$468)

Seniors Card Holders

Full name on card

Seniors number on card

Please Tick Amount and Frequency: Monthly (\$35.10) Quarterly (\$105.30) Annually (\$421.20)



SENIORS CARD

Please tick to indicate your payment type:

- Credit Card** - Go to Direct Debit Request Form (Orange Highlighted Form).
- Debit Card** - Go to Direct Debit Request Form (Orange Highlighted Form).
- Cheque** - For Annual Payments only. Please make cheques payable to Caremate.

If making payments by Credit Card or Debit Card, please insert the Amount and Frequency (as selected above) into the green shaded area on the Direct Debit Request form (Orange highlighted form).

All Payments for the Caremate Service are to be made in advance.

Carmate Customer Service Agreement

This Caremate Customer Service Agreement contains details of payments for the Caremate service - please read carefully. 14 day cooling off period applies.

This Agreement is a commitment to a minimum 12 months of payments for the Caremate service. This allows us to offer you the Caremate Equipment for \$0 upfront because you have committed to a service agreement of at least 12 months. The total minimum cost over 12 months is \$468. If you wish to terminate the Agreement within 12 months, you will still be required to pay the total 12 month service cost of \$468. No other cancellation fees apply. Your payment options are as follows (all payments are made in advance): Monthly payments at \$39, Quarterly payments at \$117, Annual payments of \$468. (For valid Seniors Card holders: Monthly payments at \$35.10, Quarterly payments at \$105.30, Annual payments of \$421.20. Total minimum cost over 12 months is \$421.20). You are welcome to change your choice of frequency at any time with 30 days written notice. There are no refunds due to a change of frequency. Once the 12 month Service Agreement is completed, you can end the Caremate service at any time with 30 days written notice.

1. Caremate Subscriber Details - Person Paying for the Caremate Service

NAME

PHONE NUMBER

MOBILE

STREET ADDRESS

SUBURB

STATE

POSTCODE

EMAIL

2. Payment - Please indicate Payment Method, Amount and Frequency

Please select and complete 1 or 2 (Note: "Get Talking Pty Ltd" will appear on your bill)

1. Payment by Credit Card

Please tick card type.

*Note: 2.5% extra for American Express and Diners Club

 Visa Mastercard American Express* Diners Club*

Name on Card

Card Number

Expiry date

 /

Signature

2. Direct Debit Request

I/we _____ request that Caremate (Get Talking Pty Ltd) User ID 362613,

draw by way of Direct Debiting system, \$ _____ per _____ (Monthly, Quarterly or Annually) from my/our account

conducted with:

Name of Financial Institution

Branch

BSB number

 -

Account Number

Account Holder/s name/s

I/We acknowledge that this Direct Debiting arrangement is governed by the terms of the Direct Debits Service Agreement attached. (For joint accounts, both signatures required):

Signature 1: _____

Signature 2: _____

Direct Debit with Get Talking Pty Ltd (ABN 40 121 565 544)

This Direct Debit Authorisation and Direct Debit Agreement is issued by Get Talking Pty Ltd., who facilitates the billing of Caremate, and contain the terms and conditions on which you authorise Get Talking Pty Ltd to debit money from your Account.

I/We hereby authorise Get Talking Pty Ltd (ABN: 40 121 565 544) Direct Debit User ID Number: 362613 to make periodic debits on behalf of the Caremate business.

I/We acknowledge that SecurePay Pty Ltd is acting as a Direct Debit Agent for Get Talking Pty Ltd and does not provide any goods or services and has no express or implied liability in regards to the goods and services provided by Get Talking Pty Ltd or the terms and conditions of any agreement with Get Talking Pty Ltd. PO Box 41 Botany NSW 1455 Ph (02) 9330 1500

Our Responsibilities to you Drawing arrangements

Get Talking Pty Ltd will first draw from your nominated financial Institution account within 14 days of receipt of this signed application form. Where the due date falls on a non-business day, we will draw the amount on the next business day. We will not change the amount or frequency of drawing arrangements without your prior approval. We reserve the right to cancel the Caremate Customer Service Agreement Payment Plan drawing arrangements if three or more drawings are returned unpaid by your nominated Financial Institution and to arrange with you an alternative payment method. We will keep all information pertaining to your nominated account at your Financial Institution, private and confidential.

Your Rights

You may terminate the Caremate Customer Service Agreement Payment Plan as per the conditions set out in the Agreement above. After the minimum 12 month commitment, or after the Minimum 3 month commitment (depending on which Agreement you have selected) you may stop payments at any time by giving 30 days written notice. You may request a change to the drawing amount and/or frequency of the Minimum 12 month Caremate Customer Service Agreement Payment Plan drawings by contacting us and advising your requirements with 30 days notice. Changes to the drawing amount and/or frequency amount on the Minimum 3 month Agreement will be considered if you request such change with 30 days written notice. When you consider that a drawing has been initiated incorrectly (outside Caremate Customer Service Agreement arrangements), you should take the matter up directly with us.

Your Responsibilities

It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date. It is your responsibility to ensure that the authorisation given to draw on the nominated account, is identical to the account signing instruction held by the Financial Institution where the account is based. It is your responsibility to advise us if the account nominated by you to receive the Caremate Customer Service Agreement Payment Plan drawing arrangements is transferred or closed. It is your responsibility to arrange with us a suitable alternative payment method if the Caremate Customer Service Agreement Payment Plan drawing arrangements are cancelled by yourselves or the nominated Financial Institution.