

Application for Eevi Enhanced Monitoring

Staff Use Only

Sales Person:

Promotion Code:

SECTION 1: Choose your plan

Select **one** plan below. Your community manager or sales person will be able to confirm if Enhanced Monitoring is included in your General Services Charge.

I am already a customer on a Bundle, Home Phone, Home Broadband or Foxtel from Aveo Connect service

\$20 per month on a 12 Month Contract, \$99 set up fee

I am not already a customer on one of those Aveo Connect services

RENTAL PLAN, \$35 per month on a 12 Month Contract, \$0 set up fee

PAY UPFRONT PLAN, \$20 per month on a 12 Month Contract, \$500 set up fee

Enhanced Monitoring from Aveo Connect is included in my General Services Charges

Included in your General Services Charges

Signature of Authorised Sales Person is required below to validate that Enhanced Monitoring from Aveo Connect is included in the General Services Charges at this community.

Name of Authorised Sales Person: _____

Signature of Authorised Sales Person: _____

SECTION 2: My AveoConnect Account Number

If you are an existing AveoConnect customer, please provide your account number.

My Account Number is: _____

I am a new AveoConnect customer, my Account Establishment Form is attached

SECTION 3: Resident Medical & Emergency Contact Details

The Enhanced Monitoring Device installed in your home is fitted with a thirty-six hour battery back-up, giving you peace of mind in the event of power failure to your home. Please supply the details for each resident in your home below.

Hidden Key Safe:

Does your Unit/Villa/Service Apartment have a Hidden Key: Yes No

Location: _____

Key safe code Emergency Services access (if applicable): _____

Resident 1 (AveoConnect Account Holder) Details:

Medical Details (please indicate all that apply)

Weight Range up to 70kg 71kg to 100kg above 100kg

Blood Pressure Normal Low High Fluctuates

Diabetes Type 1 Type 2

Epilepsy Asthma History of falls History of Stroke Blood Thinners

Mobility Problems Arthritis Walking Stick Walking Frame Wheelchair

Allergies (specify): _____

Heart Problems (specify): _____

Breathing Problems (specify): _____

Life dependent medications (specify): _____

Other conditions (specify) : _____

Ambulance Cover Yes No

Name of Doctor (optional): _____

Contact phone number of Doctor: (_____) _____

Preferred Hospital: _____

Resident 2 Details:

Is this person your spouse?

No Yes

Is this the same person nominated as the as the Secondary Contact on your account?

No Yes *(if yes you can skip to provide Medical Details below)*

First Name: _____ Surname: _____

Preferred Name: _____

Date of Birth: ____ / ____ / ____

Please tick their preferred contact number

Mobile Phone Number: _____

Home Phone Number: (_____) _____

Medical Details (please indicate all that apply)

Weight Range up to 70kg 71kg to 100kg above 100kg

Blood Pressure Normal Low High Fluctuates

Diabetes Type 1 Type 2

Epilepsy Asthma History of falls History of Stroke Blood Thinners

Mobility Problems Arthritis Walking Stick Walking Frame Wheelchair

Allergies (specify): _____

Heart Problems (specify): _____

Breathing Problems (specify): _____

Life dependent medications (specify): _____

Other conditions (specify) : _____

Ambulance Cover Yes No

Name of Doctor (optional): _____

Contact phone number of Doctor: (_____) _____

Preferred Hospital: _____

SECTION 4: Emergency Contacts

Please list details of up to 4 people who have agreed to be contacted in the event you require assistance. Remember your nominated contacts should live within a reasonable distance, have a telephone and will be willing to respond in the event of an emergency if requested/required. **An Ambulance will be called if we cannot contact you or any of your nominated contacts.**

1:

First Name: _____ Surname: _____

Please tick their preferred contact number

Mobile Phone Number: _____

Home Phone Number: (_____) _____

Please tick their gender: Male Female

Next of Kin: Yes No

What is their travel time to your home in minutes: _____

Do they have an access key to your home: Yes No Knows key hide

What is their relationship to the you: _____

Other details: _____

2:

First Name: _____ Surname: _____

Please tick their preferred contact number

Mobile Phone Number: _____

Home Phone Number: (_____) _____

Please tick their gender: Male Female

Next of Kin: Yes No

What is their travel time to your home in minutes: _____

Do they have an access key to your home: Yes No Knows key hide

What is their relationship to the you: _____

Other details: _____

3:

First Name: _____ Surname: _____

Please tick their preferred contact number

Mobile Phone Number: _____

Home Phone Number: (_____) _____

Please tick their gender: Male Female

Next of Kin: Yes No

What is their travel time to your home in minutes: _____

Do they have an access key to your home: Yes No Knows key hide

What is their relationship to the you: _____

Other details: _____

4:

First Name: _____ Surname: _____

Please tick their preferred contact number

Mobile Phone Number: _____

Home Phone Number: (_____) _____

Please tick their gender: Male Female

Next of Kin: Yes No

What is their travel time to your home in minutes: _____

Do they have an access key to your home: Yes No Knows key hide

What is their relationship to the you: _____

Other details: _____

SECTION 5: Confirmation of Understanding

PLEASE INITIAL EACH ITEM AND SIGN AT THE END

[____] I have read and understood the Critical Information Summary (CIS) which includes a description of the plan inclusions, exclusions, specific pricing conditions and other important information based on my selected plan. I am aware this can be viewed and downloaded via the AveoConnect Website at www.AveoConnect.com.au

[____] I understand that setup fees covers a standard installation. If I require a non-standard installation, for example additional cabling, additional fees may apply.

[____] I understand that this application does not constitute a guarantee of service and that my home may be unserviceable for this product.

[____] I understand that the services are provided by Aveo Connect Pty Ltd. I understand that the equipment remains property of Aveo and must remain in place once installed, even if I move within or vacate my community.

[____] I understand that, as part of the ongoing maintenance of the Monitoring Service, I am required to activate EACH pendant monthly and check-in with the Emergency Response Centre. It is my responsibility to choose an easy to remember date such as a birth date to do this monthly.

[____] It is important I regularly check my email for communication from AveoConnect. I understand this is how AveoConnect keeps me informed. For example, about my installation. Or about service or support issues I raise.

GENERAL TERMS AND CONDITIONS - The General Terms and Conditions are set out in our Terms and Conditions at www.AveoConnect.com.au. The Critical Information Statement is also available at that address. Please read these carefully and ask us if you have any questions. The services provided under this Customer Contract are provided by Aveo Connect Pty Ltd ACN 609 081 156.

Please contact us to enquire about Smoke and Activity Monitoring options available from \$10 per month.

PERSONAL EMERGENCY RESPONSE SERVICE AUTHORIZATION

1. I acknowledge that the service is provided by agents, employees and contractors to Aveo Connect Pty Ltd. I agree that the acknowledgements, agreements and authorisations in this form apply for the benefit of the agents, employees and contractors to AveoConnect, and their agents, employees and contractors.
2. I authorise AveoConnect to call the Emergency Service (Ambulance, Fire or Police) on my behalf.
3. I hereby authorise the Emergency Service through its officers to enter my 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 Service liable for such damage or loss and I hereby indemnify AveoConnect in respect of any claim made against it by others in respect of such damage or loss.
4. I agree to, and am aware of, the recording of all incoming and outgoing telephone communications made to and from the Response Centre in relation to the provision of this service.
5. I acknowledge that AveoConnect will use or disclose my personal records only when it directly relates to my care or welfare and only then with my consent or as required by law.
6. I acknowledge that if there are two or more telephone sockets in my home that Safe Socket or Mode 3 wiring may be required to be installed. If the alarm is removed, I am responsible for the reversal of any Mode 3 wiring and any cost involved.
7. Where this alarm is rented, I acknowledge the alarm equipment remains the property of AveoConnect or its service providers and I will endeavor to maintain the equipment in good working order; and that when I no longer require the alarm, I or my representative will ensure the return of the alarm equipment to AveoConnect or its service provider.
8. I authorise the New Zealand associated entities of AveoConnect's service provider to hold a copy of my record for the purpose of providing continued service in the event of an emergency at the Australian Response Centre.
9. I acknowledge that the service provider is not responsible for any potential incompatibility of the alarm with my telephony service in the event that I change my telephony service from that which was connected when the alarm was first installed.

Privacy statement: AveoConnect assures you that your confidential personal information will only be used for the purpose for which you have provided it. It will not be provided to any person or agency without your consent or that of your legally designated representative. If you have any further queries or would like a copy of our privacy policy please contact your local village manager or email the Privacy Officer privacy@aveoconnect.com.au. Information collected on this form is to enable AveoConnect to provide a personal emergency response service. You are welcome to contact AveoConnect on phone 1300 851 496 to update your details at any time.

Name: _____

Date: ____ / ____ / ____

Signature: _____