

- This form is to be completed by the person ("Resident") using the Rosie Emergency Monitoring service
- This Rosie Resident Monitoring Agreement is to be completed for each Resident requiring the service

RESIDENT INFORMATION

Title:	First name:	Surname:
Preferred name:		Date of birth:
Address:		
Suburb:	State:	Postcode:
Email:		
Telephone (home):		Mobile:
Is there are key safe?:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Key safe combination:
Location of key safe:		
Other access information:		

NDIS INFORMATION

NDIS number:	Plan Manager:
Organisation name:	Contact name:
Email:	Phone:

My Aged Care INFORMATION

Name of the Aged Care Provider:	
Contact name:	
Email:	Phone:

RESIDENT'S PERSONAL INFORMATION

These questions are optional, but completing this section may help Rosie better support the Resident in an emergency.

Preferred language:	<input type="checkbox"/> English	Other:
<input type="checkbox"/> Diabetes type one	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy
<input type="checkbox"/> Diabetes type two	<input type="checkbox"/> Low blood pressure	<input type="checkbox"/> History of stroke <input type="checkbox"/> History of falls
Weight Range:	<input type="checkbox"/> Up to 70kgs	<input type="checkbox"/> 70 to 100kgs <input type="checkbox"/> Over 100 kgs
<input type="checkbox"/> Hearing impaired:	PLEASE SPECIFY	<input type="checkbox"/> Heart problems: PLEASE SPECIFY
<input type="checkbox"/> Mobility problems:	PLEASE SPECIFY	<input type="checkbox"/> Breathing problems: PLEASE SPECIFY
Other health conditions:	Allergies:	
Life dependent medication:		
Is there anything else we should know?:		

MARKETING INFORMATION [for internal use only]

Contact source:	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Web chat <input type="checkbox"/> Website <input type="checkbox"/> Event <input type="checkbox"/> Meeting <input type="checkbox"/> Referral:	PLEASE SPECIFY
Where did you hear about us?:	<input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> LinkedIn <input type="checkbox"/> Google <input type="checkbox"/> Family/Friends <input type="checkbox"/> Other:	PLEASE SPECIFY

Emergency Contacts

In priority order, please list the details of those who have agreed to be contacted in the event that you require assistance. Your nominated contacts ("Emergency Contact") should:

- Live within a reasonable distance;
- Be contactable by phone; and
- Be willing to respond in the event of an emergency and acknowledge that calls between them and the Rosie emergency service will be recorded.

Emergency services (000) will be automatically added to your list of Emergency Contacts.

EMERGENCY CONTACT 1 (REQUIRED)

Title:	First name:	Surname:	
Relationship to Resident:		Travel time to Resident (mins):	
Address:			
Suburb:	State:	Postcode:	
Telephone (home):		Mobile:	
Email:	Available: <input type="checkbox"/> 24/7 <input type="checkbox"/> Day <input type="checkbox"/> Night		
<input type="checkbox"/> Has power of attorney for the Resident	<input type="checkbox"/> Has a key to Resident's premises		
Other relevant information (optional):			

EMERGENCY CONTACT 2 (OPTIONAL)

Title:	First name:	Surname:	
Relationship to Resident:		Travel time to Resident (mins):	
Address:	Suburb:	State:	Postcode:
Telephone (home):		Mobile:	
Email:	Available: <input type="checkbox"/> 24/7 <input type="checkbox"/> Day <input type="checkbox"/> Night		
<input type="checkbox"/> Has power of attorney for the Resident	<input type="checkbox"/> Has a key to Resident's premises		
Other relevant information (optional):			

EMERGENCY CONTACT 3 (OPTIONAL)

Title:	First name:	Surname:	
Relationship to Resident:		Travel time to Resident (mins):	
Address:	Suburb:	State:	Postcode:
Telephone (home):		Mobile:	
Email:	Available: <input type="checkbox"/> 24/7 <input type="checkbox"/> Day <input type="checkbox"/> Night		
<input type="checkbox"/> Has power of attorney for the Resident	<input type="checkbox"/> Has a key to Resident's premises		
Other relevant information (optional):			

EMERGENCY CONTACT 4 (OPTIONAL)

Title:	First name:	Surname:	
Relationship to Resident:		Travel time to Resident (mins):	
Address:	Suburb:	State:	Postcode:
Telephone (home):		Mobile:	
Email:	Available: <input type="checkbox"/> 24/7 <input type="checkbox"/> Day <input type="checkbox"/> Night		
<input type="checkbox"/> Has power of attorney for the Resident	<input type="checkbox"/> Has a key to Resident's premises		
Other relevant information (optional):			

RESIDENT AGREEMENT (tick every box ☒ to confirm)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | I have checked and verified the information provided above and confirm it is correct. |
| <input type="checkbox"/> | I have read and agree with all the Rosie Terms and Conditions (available at www.rosie.help). |
| <input type="checkbox"/> | I have notified my Emergency Contact(s) that they may be contacted by Vitalcare in case of an emergency. |
| <input type="checkbox"/> | I consent to Vitalcare staff dispatching emergency services if they deem this is necessary to provide optimal care, even if I do not consent at the time. |
| <input type="checkbox"/> | I consent to my personal information being communicated to emergency services or health personnel if Vitalcare personnel deem this to be necessary to provide me with care. |
| <input type="checkbox"/> | I will immediately notify Vitalcare of any changes to my contact details and personal information and changes to contact details of my Emergency Contacts. |


Residents Name:

Resident Signature:

*(If signed under Power of Attorney,
please provide a recent copy)*

Date:

If you need help completing this form, call **1800 476 743**
Please send completed form to:
(Preferred) Email: rosie@vitalcare.com.au
(Post) Vitalcare Pty Ltd, PO Box 1484, Lane Cove West, NSW 1595

PRODUCT & SERVICE OPTIONS			
		PAY BY THE MONTH	12-MONTH PACKAGE
	Establishment Fee:	\$50	\$479 (Includes 12-months monitoring)
	Monthly Monitoring Fee:	\$39 per month	\$0 Then on the 13th month \$39 a month
	Choose the watch or pendant (tick box):	<input type="checkbox"/> watch <input type="checkbox"/> pendant	<input type="checkbox"/> watch <input type="checkbox"/> pendant
		SELECT <input type="checkbox"/>	SELECT <input type="checkbox"/>

PERSON RESPONSIBLE FOR PAYMENTS "CUSTOMER" (if other than Resident)			
Relationship to Resident:			
Title:	First name:	Surname:	
Address:			
Suburb:	State:	Postcode:	
Telephone (home):		Mobile:	
Email:			

PAYMENT OPTIONS		
I'd like to pay the Establishment Fee by:	<input type="checkbox"/> Direct Debit	<input type="checkbox"/> Credit Card
I'd like to pay the Monthly Monitoring Fee by:	<input type="checkbox"/> Direct Debit	<input type="checkbox"/> Credit Card

Please complete the following page with details for your choice of payment methods.

CREDIT CARD DETAILS (please fill out if you choose to use Credit Card for payments)

Card Type:	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
Card Number:		
Name on Card:	Expiry Date:	
Email:	Mobile:	
Cardholder Signature:	Date:	

DIRECT DEBIT DETAILS (please fill out if you choose to use Direct Debit for payments)

Title:	First name:	Surname:
Address:		
Suburb:	State:	Postcode:
Email:	Phone:	
Account holder name:		
BSB number:	Account number:	
Financial Institution:	Branch:	
Account holder(s) signature:	Date:	

Direct Debit Service Agreement (Definition and Terms)

1. Financial Institution is the Financial Institution where your nominated account is held.
2. Nominated Account is the account held at your Financial Institution from which Vitalcare Pty Ltd ("Vitalcare") is authorised to arrange for funds to be debited.
3. By signing this Direct Debit request, you have authorised Vitalcare to arrange for the cost of the Personal Emergency Response Service be debited from your nominated account.
4. Vitalcare will only debit from your account as authorised in this Direct Debit request.
5. If the debit day falls on a weekend or a public holiday, funds will be deducted on the first business day thereafter.
6. Vitalcare may vary this agreement at any time by giving you at least fourteen (14) days written notice.
7. 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.
8. It is the responsibility of you or 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.
9. If there are insufficient clear funds in your nominated account you may be charged a fee by your Financial Institution and by Vitalcare.
10. 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.
11. If you believe that there has been an error in debiting your nominated account you should notify us by phoning 1800 476 743 and confirm that notice to us in writing as soon as possible. Alternatively you can take this up directly with your Financial Institution.
12. If Vitalcare concludes as a result of our investigations that your nominated account has been incorrectly debited, Vitalcare will respond to your query by arranging for your Financial Institution to adjust your nominated account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
13. If Vitalcare concludes as a result of its investigations that your nominated account has not been incorrectly debited, Vitalcare will let you know the reasons and any evidence for this finding.
14. You must ensure your nominated account can accept Direct Debits as not all accounts do.
15. You should check your nominated account details against a recent statement from your Financial Institution to ensure their accuracy before providing to Vitalcare, and check with your Financial Institution if you are uncertain.
16. Vitalcare 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.
17. Vitalcare will only disclose information that we have about you to the extent specifically required by law or for the purposes of this agreement, including disclosing information in connection with any query or claim.