

Safely Home Registration Form (Personal Identification)



Bracelet Identification Number: _____

Person of concern:

Surname: _____ Given names: _____

Sex: _____ DOB: _____ Age: _____ Photo available: Yes / No

Current residential address: _____
 _____ Post code _____

Home Ph: _____ Mobile Ph: _____ Languages spoken: _____

Addresses or areas frequented by the person of concern or likely destinations: _____

Person of concern's description:

Height: _____ (cm)

Build: Thin Medium Muscular Solid Obese

Hair: Black Blonde Brown Coloured Fair
 Grey Light Brown Red/Ginger Several White

Eyes: Black Blue Blue/Grey Brown Green
 Green/Hazel Grey Hazel Other

Complexion: Acne/Spotted Black Dark Brown Fair Freckled
 Medium Olive Ruddy Sallow Tanned

Racial Appearance: Aboriginal Black/African White/European Asian Indian/Pakistani
 Pacific Islander Sth American Mediterranean/Middle Eastern

Distinguishing features: Scars Tattoos Disability Other _____
 Details (inc. body part/location): _____

Facial Hair: Nil Beard Moustache Beard and Moustache

Eyeglasses: Bi-focals Contact lenses Spectacles Sunglasses Not worn

Medical conditions: _____

Nickname or other info that may assist: _____

Next of kin / Carer contact details:

Carer 1: _____ **Relationship:** _____

Current residential address: _____

Home phone: _____ **Work Phone:** _____

Mobile Phone: _____ **Email address:** _____

Carer 2: _____ **Relationship:** _____

Current residential address: _____

Home phone: _____ **Work Phone:** _____

Mobile Phone: _____ **Email address:** _____



Alzheimer's
Australia NSW
Living with dementia

Safely Home Registration Form (Personal Identification)



Disclaimer and Indemnity

1. You warrant that:
 - (a) the information you have provided to Alzheimer's Australia NSW in the "Safely Home Personal Identification Form" is correct, complete and up to date, and that you will provide prompt notice to Alzheimer's Australia NSW if any of this information changes; and
 - (b) in the event that you have provided consent on behalf of the person of concern in the "Safely Home Personal Identification Form", you are authorised to provide such consent.
2. You acknowledge that Alzheimer's Australia NSW and NSW Police do not warrant that registering a person of concern in the "Safely Home Program" will ensure that:
 - (a) the person will be located in the event they go missing; and
 - (b) that registration will prevent the occurrence of a medical emergency or the medical state or condition of a missing or located registered person.
3. You agree that to the fullest extent permitted by law, Alzheimer's Australia NSW will be under no liability to you or to any person and that you will indemnify and keep indemnified Alzheimer's Australia NSW in respect of any or all present and future claims which may arise whether directly, consequentially or otherwise from or in connection with:
 - (a) any of the services provided by Alzheimer's Australia NSW; and
 - (b) the collection, storage, use or disclosure of the information you have provided to Alzheimer's Australia NSW.
4. In this disclaimer and indemnity, unless the context otherwise requires:

"Alzheimer's Australia NSW" means Alzheimer's Australia NSW and includes its directors, officers, employees and agents;

"Claims" includes any action, application, arbitration, cause of action, cost (including without limitation legal costs), debt due, demand, determination, inquiry, judgment and verdict at law, in equity or arising under any statute; and

"You" means the person of concern identified in the "Safely Home Personal Identification Form" (in the case that person has legal capacity) or the authorised representatives of the person of concern identified in the "Safely Home Personal Identification Form" (in the case that person does not have legal capacity).

Consent:

I / we consent to the sharing of personal information between NSW Police, and authorised staff at Alzheimer's Australia NSW and also agree to the indemnity statement above.

Signed: _____ Signed: _____

Name: _____ Name: _____

Date: _____ Date: _____

Privacy statement:

This information contained herein is collected solely for the purposes of service planning and delivery and is only disclosed to a third party where there is a legal requirement to do so. All information collected remains confidential, is securely stored and is only accessible by appropriate Alzheimer's Australia NSW staff. For a full copy of the Alzheimer's Australia NSW Privacy Policy please email admin@alznsw.asn.au or call (02) 9805 0100.