Safely Home
Peace of mind for people living with dementia

INFORMATION AND APPLICATION FORM

The Safely Home program is a joint project of Dementia Australia and the NSW Police Force

Introduction
The Safely Home program can help people living with dementia walk with greater confidence by providing rapid and accurate identification if they get lost. Safely Home is a joint partnership between Dementia Australia and the Missing Persons Unit of the NSW Police Force.

What is the Safely Home program?
The Safely Home program provides a stainless steel bracelet designed to be worn at all times by the person with dementia. The bracelet is engraved with a toll free telephone number and personal identification number linked to the NSW Police Force Missing Persons Unit database.

Safely Home is suitable for anyone with an intellectual impairment who is at risk of becoming lost.

The Safely Home database
The Safely Home database is accessible by police 24 hours a day, 7 days a week. It includes a detailed description of the person living with dementia, contact information, photograph if provided, residential addresses and locations the person may visit. All details on the database are confidential.

How does it work?
When someone finds the lost person, they can look at the bracelet, telephone the police and quote the personal identification number. The police then make arrangements for the person to be returned safely home.

Carers, family or friends can use Safely Home to instigate a search for the person with dementia by contacting their local police station and filing a Missing Persons Report. The police initiate a search using the information on the database.

To find out more
Please contact Dementia Australia on the National Dementia Helpline 1800 100 500.
APPLICATION FORM: PART A

Safely Home program cost
Registration of the Safely Home program includes the stainless steel bracelet engraved with a personal identification number, entry on the NSW Police Force Safely Home database and support services provided by Dementia Australia.

APPLICATION FORM

☐ $54.00 Registration fee (this is a once off fee, but prices may be subject to change)

Actual wrist measurement of the bracelet wearer: ________ cm
NOTE: Adjusted bracelet length will be wrist measurement + 1cm

Postal address for bracelet to be sent to:
Name
Address
Suburb  State  Postcode  Tel

Postal address for receipt to be sent to:
(if different from above)
Name
Address
Suburb  State  Postcode  Tel

PAYMENT DETAILS

Payment method
Cheque enclosed for $ ________________________ (Please make cheques payable to Dementia Australia)

Please debit my:
☐ Cheque  ☐ VISA  ☐ MasterCard  ☐ Amex  ☐ Diners

Credit Card Number

Cardholder’s Name

Cardholder’s Signature ________________________ Amount $ ________________________

Please return this Application Form (Part A) and the Safely Home program NSW Police Force Missing Persons Unit Registration Form (Part B), together with your payment to:

Post: Dementia Australia, Safely Home Program, PO Box 6042, North Ryde, NSW 2113
or fax: (02) 8875 4665 or scan and email: nsw.admin@dementia.org.au

For any queries or more information please call: Dementia Australia on (02) 9888 4268 or National Dementia Helpline 1800 100 500
or visit: dementia.org.au/nsw/support-and-services/services-and-programs/safely-home-nsw
NAME OF PERSON OF CONCERN:
Surname: _________________________________  Given Names: __________________________________________________
Sex: ____________  Date of Birth: _____________ Age: __________  Photo attached: □ Yes
Current residential address: ________________________________________________________________
                                                                                           Post Code: ____________________
Home Tel: ________________   Mobile Tel: __________________    Language/s 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 colour: □ Black  □ Grey  □ Blonde  □ Light Brown  □ Brown  □ Red/ Ginger  □ Bald/ no hair  □ Several/ multi  □ Fair  □ White
Eyes: □ Black  □ Green/ Hazel  □ Blue  □ Grey  □ Blue/ Grey  □ Hazel  □ Brown  □ Other  □ Green
Complexion: □ Acne/Spotted  □ Black  □ Medium  □ Olive  □ Dark Brown  □ Ruddy  □ Fair  □ Sallow  □ Freckled  □ Tanned
Racial appearance: □ Aboriginal  □ Pacific Islander  □ Black/ African  □ White/ Caucasian  □ Sth American  □ Asian  □ Mediterranea n / Middle Eastern  □ Indian/ Pakistani
Distinguishing features: □ Scars  □ Tattoos  □ Disability  □ Other: ________________
Facial hair: □ Nil  □ Beard  □ Moustache  □ Beard & 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:
Contact 1: ___________________________________________________   Relationship: _________________________________
Current residential address: __________________________________________________________
Home phone: ______________________________  Work phone: ______________________________
Mobile phone: ______________________________  Email address: __________________________________
Contact 2: ___________________________________________________   Relationship: _________________________________
Current residential address: __________________________________________________________
Home phone: ______________________________  Work phone: ______________________________
Mobile phone: ______________________________  Email address: __________________________________
DISCLAIMER AND INDEMNITY:

1. **You warrant that:**
   (a) the information you have provided to Dementia Australia in the *Safely Home Program: NSW Police Missing Persons Unit Registration Form* (this form) is correct, complete and up to date, and that you will provide prompt notice to Dementia Australia if any of this information changes; and
   (b) in the event that you have provided consent on behalf of the abovementioned person of concern in this form, you are authorised to provide such consent.

2. **You acknowledge that:** Dementia Australia 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, Dementia Australia will be under no liability to you or to any person and that you will indemnify and keep indemnified Dementia Australia 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 Dementia Australia; and
   (b) the collection, storage, use or disclosure of the information you have provided to Dementia Australia.

4. In this disclaimer and indemnity, unless the context otherwise requires:
   "Dementia Australia" means Dementia Australia 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 this form (in the case that person has legal capacity) or the authorised representatives of the person of concern identified in this 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 Dementia Australia 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 Dementia Australia staff.

For a full copy of the Dementia Australia Privacy Policy please email: nsw.admin@dementia.org.au or call (02) 9805 0100.