

Safe Return – Registration Form

SR.002 – Form 1



New Client: Yes / No **Existing Bracelet Number (Ancillary Report No)** _____ (Office Use Only)

Dementia Australia South Australia Database Number: _____

Person of Concern (person at risk of becoming lost)			
Title:	SURNAME:	Given Names:	
Preferred Name:		Place of Birth:	
Address:			
Suburb:		State:	Post Code:
Comments (eg: years at this address)			
Preferred Language:		Speech Impediments:	
Sex: M / F / Other	Date Of Birth:	Home Ph:	Mobile Ph:
Person of concern's description (tick most appropriate, only one tick allowed per distinction)			
BUILD:	Weight : _____ (kg)		Height : _____ (cm)
	<input type="checkbox"/> Thin	<input type="checkbox"/> Medium	<input type="checkbox"/> Muscular <input type="checkbox"/> Solid <input type="checkbox"/> Obese
HAIR:	<input type="checkbox"/> Black	<input type="checkbox"/> White / Grey	<input type="checkbox"/> Brown
	<input type="checkbox"/> Light Brown	<input type="checkbox"/> Bald/Balding	<input type="checkbox"/> Coloured
	<input type="checkbox"/> Red/Ginger	<input type="checkbox"/> Blonde	<input type="checkbox"/> Fair
EYES:	<input type="checkbox"/> Black	<input type="checkbox"/> Brown	<input type="checkbox"/> Grey
	<input type="checkbox"/> Blue	<input type="checkbox"/> Green	<input type="checkbox"/> Hazel
	<input type="checkbox"/> Blue/Grey	<input type="checkbox"/> Green/Hazel	<input type="checkbox"/> Other : _____
COMPLEXION:	<input type="checkbox"/> Acne/Spotted	<input type="checkbox"/> Fair	<input type="checkbox"/> Olive
	<input type="checkbox"/> Black	<input type="checkbox"/> Freckled	<input type="checkbox"/> Sallow
	<input type="checkbox"/> Dark Brown	<input type="checkbox"/> Medium	<input type="checkbox"/> Tanned
TEETH:	<input type="checkbox"/> Upper Denture		<input type="checkbox"/> Original teeth
	<input type="checkbox"/> Lower Dentures		<input type="checkbox"/> Distinctive teeth : _____
RACIAL APPEARANCE:	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Asian	<input type="checkbox"/> South American
	<input type="checkbox"/> Black/African	<input type="checkbox"/> Indian/Pakistani	<input type="checkbox"/> Mediterranean
	<input type="checkbox"/> White/European	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Middle Eastern
DISTINGUISHING FEATURES:	<input type="checkbox"/> Scars	Details (inc. body part/location) _____	
	<input type="checkbox"/> Tattoos		
	<input type="checkbox"/> Disability		
	<input type="checkbox"/> Other : _____		
FACIAL HAIR:	<input type="checkbox"/> Nil	<input type="checkbox"/> Moustache	
	<input type="checkbox"/> Beard	<input type="checkbox"/> Beard & Moustache	
EYEGLASSES:	<input type="checkbox"/> Bi-focals	<input type="checkbox"/> Spectacles	
	<input type="checkbox"/> Contact lenses	<input type="checkbox"/> Not worn	
MEDICAL CONDITIONS:	•		
MOBILITY:	•		

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PORTRAIT PHOTO: Current photo/year taken & photo of any distinguished features

Next Of Kin / Carer Contact Details (this is the order in which SAPOL or DA will contact those involved)

Key Contact 1		Dementia Australia South Australia Database Number:			
Organisation name: (if applicable):			Relation to person at risk:		
Title:	SURNAME:	Given Names:			
Address:					
Sex: M / F / Other	Date Of Birth:	Home Ph:		Mobile Ph:	
Email:		Work Ph:		Fax:	
Contact 2		Dementia Australia South Australia Database Number:			
Organisation name: (if applicable):			Relation to person at risk:		
Title:	SURNAME:	Given Names:			
Address:					
Sex: M / F / Other	Date Of Birth:	Home Ph:		Mobile Ph:	
Email:		Work Ph:		Fax:	
Contact 3		Dementia Australia South Australia Database Number:			
Organisation name: (if applicable):			Relation to person at risk:		
Title:	SURNAME:	Given Names:			
Address:					
Sex: M / F / Other	Date Of Birth:	Home Ph:		Mobile Ph:	
Email:		Work Ph:		Fax:	

Wandering History

Previous Residential Addresses (optional)				
Street	Suburb	State	Postcode	Comments (eg years at this address)
Areas where the person at risk regularly frequents or has been found (optional)				
Street	Suburb	State	Postcode	Comments (eg significance of area)

Safe Return Payment Advice

Please allow approximately 21 days for registration and bracelet preparation. Safe Return registrations are non-refundable but may be cancelled at any time. Initial payment of \$50.00 includes bracelet & 12 months registration including GST.

An annual renewal fee of \$20.00 is payable from the purchase date.

Please return the completed Safe Return Registration Form together with your payment in the Reply Paid envelope provided to:

**Dementia Australia
27 Conyngham Street
Glenside SA 5065**

Ph: 8372 2100 or 1800 100 500

Contact name and address for correspondence and renewal

SELECT BRACELET SIZE:

Use the Safe Return Bracelet Size Chart on the following page to measure your wrist, then tick one of the boxes below to indicate your required bracelet size.

- 17cm Small (60kg and under)
 19.5cm Medium
 21.5cm Large

Please provide Contact Details for delivery of bracelet

Name: _____

Address: _____

_____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

(for receipt purposes)

Send renewal notice to key carer: Y / N

If no, please provide details of who:

Name: _____

Phone: _____

Address: _____

_____ Postcode: _____

*Register details as per Safe Return
Registration Form*

New bracelet + 12 months registration: \$50.00

Tax deductible donation: \$ _____

Total: \$ _____

(do not cut – office use only) – All credit card details are discarded after payment is processed.

PAYMENT DETAILS

Total shown on left \$ _____

Cheque (payable to Alzheimer's Australia SA Inc
Money order enclosed or credit card payment

Visa

MasterCard

Cheque

Credit Card number:

_____/_____/_____/_____/_____

Exp. Date ____/____/____

Must provide: CVN/CVV ____-____-____

(CVN / CVV is the 3 digit security number on back of card)

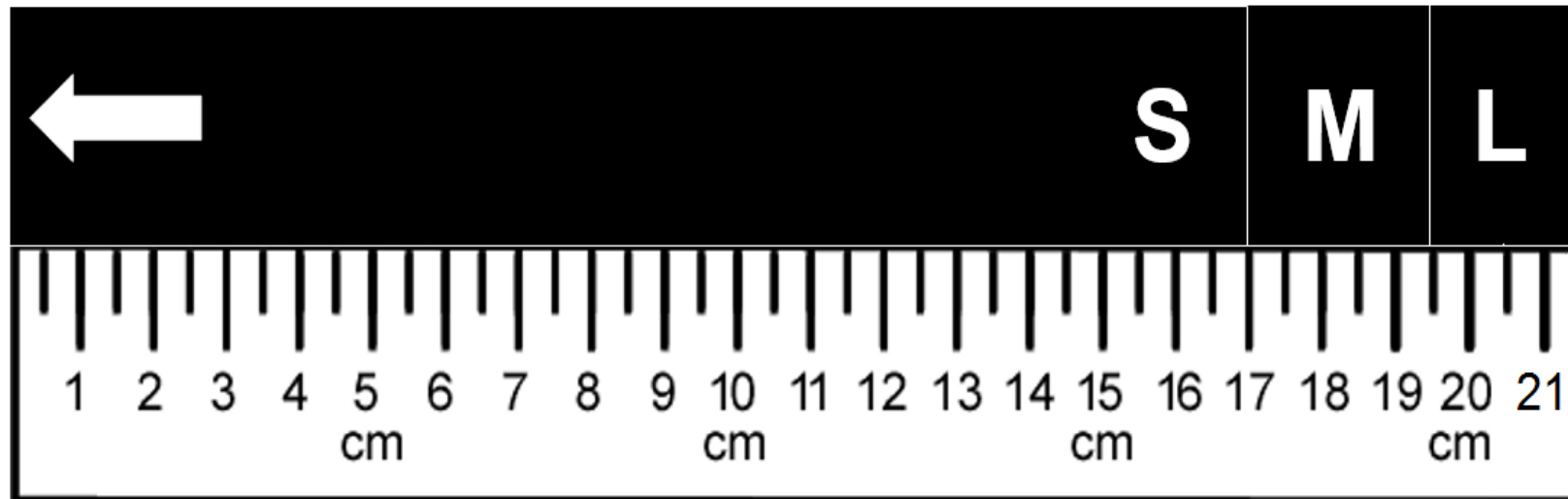
Name on card : _____

Signed : _____

**** Registration can now be done online.**

Please go to www.safereturn.org.au*

Safe Return Bracelet Size Chart



Finding your size	Another way to measure
<ol style="list-style-type: none"> 1. Print out this page and cut out the rectangle above 2. Wrap this around your wrist; the arrow should be within a size recommendation 3. If you find yourself on the border of two sizes, the smaller of the two sizes will be the best choice 	<ol style="list-style-type: none"> 1. Wrap a string around your wrist 2. Mark the points where the string crosses 3. Lay the string flat on a ruler 4. Measure the distance between the two point 5. The distance will define your size, listed below: <ul style="list-style-type: none"> ▪ <i>Small</i> 17 cm ▪ <i>Medium</i> 19.5 cm ▪ <i>Large</i> 21.5 cm