



# Smoke Alarm Subsidy Scheme - Application Form

Congratulations! You are taking a very important step to making you and your loved ones safe in your home. Deaf Services Queensland is delighted to be administering the Smoke Alarm Subsidy Scheme on behalf of the Queensland Government and we hope to fit your new smoke alarm as soon as possible.

Please note there are some criteria that you need to meet in order to have a smoke alarm fitted in your home. Please complete this form in full and we will aim to respond to you within one working week to let you know about the outcome of your application.

If at any time you have any questions about the status of your application, or have any questions about the Scheme, please contact us on (07) 3892 8500 or via email [smokealarms@deafsq.org.au](mailto:smokealarms@deafsq.org.au).

SECTION A – INFORMATION ABOUT YOU	
Full Name	
Street Address	
	Suburb/town Postcode
Postal Address <input type="checkbox"/> (Tick if same as above)	
	Suburb/town Postcode
Best daytime number	Please tick: <input type="checkbox"/> Voice <input type="checkbox"/> SMS <input type="checkbox"/> Fax <input type="checkbox"/> TTY
Email address	
Preferred method of communication	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> TTY <input type="checkbox"/> Post
Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18–24 <input type="checkbox"/> 25–34 <input type="checkbox"/> 35–44 <input type="checkbox"/> 45–64 <input type="checkbox"/> 65+
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Are you an Australian citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your method of communication?	<input type="checkbox"/> Auslan <input type="checkbox"/> Signed English <input type="checkbox"/> Fingerspelling <input type="checkbox"/> Lip reading <input type="checkbox"/> Hearing aids <input type="checkbox"/> Speech <input type="checkbox"/> Other (please specify): _____
Do you live in:	<input type="checkbox"/> My own home (owner) <input type="checkbox"/> A rented home <input type="checkbox"/> Housing Commission provided by the Queensland Government
Do you hold a concession card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive a smoke alarm system under the previous Smoke Alarm Subsidy Scheme through Queensland Fire and Rescue Service (QFRS)?	<input type="checkbox"/> Yes* <input type="checkbox"/> No * Is this alarm still working? <input type="checkbox"/> Yes <input type="checkbox"/> No



## SECTION B - ELIGIBILITY

DEAF OR HARD OF HEARING – YOU **MUST** PROVIDE EVIDENCE FOR ONE OF THE FOLLOWING:

- A copy of your last audiogram
- Confirm that you are on the Disability Support Pension due to your hearing loss.
- Confirm that you are a member of the signing Deaf community\*  
\* If you are a member of the signing Deaf community, we may require you to provide a witness who can prove this on your behalf.

### CONCESSION CARD HOLDERS

You must hold a current Concession Card with a Queensland address. **Please attach a copy of both sides of your card.**  
What is your current **Concession Card Customer Reference Number**:

CRN \_ \_ \_ \_ \_

## SECTION C - PAYMENT DETAILS

- Concession Card holder \$20       Non-Concession \$50

- CASH (pay in person)
- CHEQUE/MONEY ORDER (make payable to Deaf Services Queensland)
- ELECTRONIC FUNDS TRANSFER (Direct Debit)

Account name: Deaf Services Queensland  
 Bank: Westpac  
 BSB: 034-033  
 Account: 236947  
 Reference: As your payment reference please type 'Smoke Alarms' and your SURNAME,  
 e.g. Smoke Alarms SMITH)

- I WISH TO APPLY FOR A DEAF LOTTERY GRANT TO COVER THE SUBSIDY
- CREDIT CARD:
  - VISA       MASTERCARD

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Credit Card Number: \_ \_ \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_      Expiry Date: \_\_ / \_\_

Thank you for your application. You will be contacted shortly informing you about the outcome of your application.

Please return this form to:

### Smoke Alarm Subsidy Scheme

Deaf Services Queensland  
915 Ipswich Road (PO BOX 465)  
MOOROOKA QLD 4105



Funded by Queensland Fire  
& Emergency Services

Personal information collected by Deaf Services Queensland will be used to process payments, identify clients, communicate information, collect statistics and provide services for clients.

If you would like to access any Supports or Services on an anonymous basis or using a pseudonym, please tell us. If this is possible and lawful, we will take all reasonable steps to comply with your request. However, we may not be able to provide the Supports or Services in question if we are not provided with the personal information requested.

If you would like to access our full Privacy Policy or ask any questions about how we manage your personal information, please visit [www.deafservicesqld.org.au](http://www.deafservicesqld.org.au) or call us by phone (07) 3892 8500 or TTY (07) 3892 8501.

Please see our Privacy Policy for information on how to contact us regarding your personal information, how to update your records with us and how to make a complaint about the breach of the Australian Privacy Principles.