

EAGLETON RIDGE RESPITE CENTRE HOLIDAY APPLICATION FORM

CLIENT PROFILE

PERSONAL DETAILS & CONTACTS

This application form provides us with your needs and characteristics in order that we can ensure your holiday experience is a positive one. Please take the time to complete the form in full and **please contact us for any assistance in completing this personal profile.**

Client Photograph Please attach

Should you have any queries about this application form or our terms and conditions on page 10 please do not hesitate to contact us for clarification.

HOLIDAY PARTICIPANT DETAILS

SURNAME _____ FIRST NAME _____

PREFERRED NAME _____

ADDRESS _____

TELEPHONE - Home _____ Mobile _____

FACSIMILE _____ EMAIL _____

RESIDENTIAL DETAILS:

Family Home Community Residential House/Unit Hostel
Other

NAME OF PARENT / GUARDIAN / CARER _____

RELATIONSHIP TO CLIENT _____

ADDRESS _____

TELEPHONE _____ Mobile _____

FACSIMILE _____ EMAIL _____

NAME OF PERSON/S COMPLETING THIS FORM ON YOUR BEHALF

DATE _____

EMERGENCY CONTACT NAME _____

RELATIONSHIP TO CLIENT _____

DAYTIME TELEPHONE _____

EVENING TELEPHONE _____

MOBILE _____

FINANCIAL ADMINISTRATOR: NAME _____

CONTACT NO. (where appointed) _____

PERSONAL DETAILS

DATE OF BIRTH _____ / _____ / _____ MALE FEMALE

HEIGHT _____ cm WEIGHT _____ kg

HAIR COLOUR _____ EYE COLOUR _____

OTHER FEATURES _____

CULTURAL/RELIGIOUS ROUTINES _____

DISABILITY _____

Is your disability a: Mild Intellectual Disability Moderate Intellectual Disability
Mild Physical Disability Moderate Physical Disability
Sensory Impairment/s (if applicable)

Other relevant information about your disability _____

HEALTH INFORMATION

LOCAL DOCTOR/CLINIC NAME _____

DAYTIME TELEPHONE _____ AFTER HOURS _____

MEDICARE NO. _____

HEALTH CONCESSION / PENSION NO. _____

PRIVATE HEALTH INSURANCE FUND _____

POLICY NO. _____

DO YOU HAVE AMBULANCE COVER? YES NO

MEDICAL CHECK - How frequently do you visit your medical practitioner/s?

Weekly Fortnightly Monthly When necessary

Date of most recent visit _____ / _____ / _____ (not a visit related to this holiday)
BLOOD GROUP (if known) _____ In the last five years have you required
emergency treatment or surgery? YES NO
If yes, please summarise details _____

IMMUNISATION HISTORY – please tick vaccinations you have had
Measles Mumps Triple Antigen Rubella Sabin (Polio) Hepatitis B Tetanus
Booster _____/_____/_____
ALLERGIES – Do you have any allergies? Yes No Please detail care recommended
in the event of an allergic reaction, including any specific reactions to food stuffs,
medication and drugs, stings, etc.

EPILEPSY – Do you experience epileptic seizures? Yes No Date of last seizure/s
_____/_____/_____ _____/_____/_____
Type of Seizures _____ Frequency _____
Possible triggers _____
Medical Response _____
Specify recording method _____
DO YOU HAVE A COMMUNICABLE DISEASE?
Yes No Details _____

OTHER PRONE ILLNESSES OR RELEVANT HEALTH INFORMATION eg. Asthma,
Blackouts, Diabetes, Depression, Dizzy Spells, Fits, Forgetfulness/Dementia, Heart
Condition, Hearing or Sight difficulties, Incontinence, Migraine headaches, Phobias,
Travel sickness, Substance abuse, etc., including advice if you are sexually active.

SLEEP
What time do you usually Wake Up _____am Get Up _____am Go to Bed _____ pm
Do you like to sleep during the day? YES NO
Can you share a bedroom? Yes No
Are there any particular habits, sleep patterns or approaches you use at bed-time or with
sleeping, for example, do you wake at night, do you snore, sleep walk or talk?

Do you need checking during the night? YES NO If yes, how frequently?

MEDICATION PROGRAM

Are you currently taking any prescribed medication? Yes No
Prescribed medication must be in a Webster or Blister pack and given to ERRC prior to
holiday commencement. All medications are supervised by ERRC staff.

PLEASE NOTE IF MEDICATIONS REQUIRE SPECIAL STORAGE IN HIGH

HUMIDITY/HIGH TEMPERATURE ENVIRONMENTS.

If medication is required to be administered in strict accordance with the time prescribed, please indicate in notes:

Name of medication	Reason Prescribed	Dose	Time taken	Time taken	Time taken	Time taken	Contra-indications and notes

DO YOU REQUIRE PRN MEDICATION? Yes No

Medication	Reason prescribed	Frequency	Date/s last administered

DIET AND NUTRITION

Do you have any special dietary requirements? YES NO

Please describe

Should any foods, drinks, substance/s be restricted from your diet? YES NO

What are your favourite foods?

What are your favourite drinks? _____

Please indicate how you like your tea and coffee _____

Are there any foods or drinks you dislike? _____

Do you require any special aids or equipment for use during meal times? Please describe the best methods to assist you at meal times.

Do you smoke? YES NO

How many cigarettes do you smoke per day? _____

Do you drink alcohol? YES NO

Detail (type, daily consumption limit)____ _____

PERSONAL CARE, HYGIENE, GROOMING & EATING HABITS

Please indicate level of assistance required to complete the tasks indicated below

TASK	No Assistance	Prompting	Some Assistance	Full Support	Comments
Hygiene & Grooming					
Recognises need to wash					
Showering / Bathing					
Brushing/combing hair/ Washing hair					
Shaving					
Cleaning teeth					
Toilet – recognises need					
Can use toilet					
Wiping yourself					
Menstrual Hygiene					
Dressing					
Selecting clothes					
Putting clothes on					
Fastening buttons					
Tying shoe laces					
Changing clothes					
Eating & Drinking					
Feeding yourself					
Using knife & fork					
Cutting food					
Drinking from a cup					

Do you require continence aids? Yes No

If you experience incontinence in what circumstances or situations does this occur and do you have any behavioural difficulties relating to incontinence?

Will you be likely to be menstruating on your holiday? Yes No

Do you use tampons or sanitary napkins? Both

What assistance will you require if you are menstruating?

PLEASE INDICATE ANY FURTHER INFORMATION WHICH MAY ASSIST WITH PERSONAL NEEDS

MOBILITY INFORMATION

PLEASE COMPLETE THIS SECTION IF YOU CONSIDER YOURSELF
AMBULANT

Do you have a mobility difficulty or use mobility aids? YES NO

Are you unsteady on your feet? YES NO

Are you able to walk up and down stairs? Yes No

Can you walk on and off for several hours, for example, at a theme park or festival?

Yes No

If you are ambulant but have some difficulties with mobility, please summarise your
needs in your own words

WORK & DAY PLACEMENT

Activity	Description / Name	Contact Number
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Employment _____

Day Centre _____

Other _____

Are you participating in a current training program ? YES NO Details

LEISURE AND RECREATION

Have you ever spent any period of more than one day away from home? YES NO

Have you ever been on a holiday away from family, friends and/or carers? YES NO

How do you cope in these periods of separations from home? Any problems arising?

What are your favourite activities / hobbies at home? _____

Can you swim? YES NO UNSURE

Do you enjoy interaction with animals? YES NO

UNSURE _____

Please tick any of the following activities which you enjoy -

Swimming	Beach	Swimming Pool	Spa
Fishing	Boat Trips	Sanctuaries / Wildlife Parks	
Bushwalking	Horse Riding	Farm Activities	Football

Cricket Tennis Film / Cinema Music
Restaurants Shopping Touring & sightseeing
Joy flight Train travel Live Theatre & Concerts
Water sports Massage/Pampering Dancing
Other, please specify

HOUSEHOLD SKILLS

Are there any particular responsibilities you have at home (e.g., setting table, washing dishes, gardening, cooking) or any other household skills that you enjoy and are to be encouraged? Please indicate level of assistance required to undertake these tasks.

FAMILY / HOUSEHOLD INFORMATION - OTHER SIGNIFICANT FAMILY / HOUSEHOLD MEMBERS

Name	Age	Relationship to Client
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SPECIAL FRIENDS

PETS

LANGUAGE SPOKEN AT HOME (if other than English) _____

COMMUNITY PARTICIPATION & COMMUNICATION

What level of support is recommended for you in a group in the community?

1:5 1:3 1:2 1:1

(1 being the number of staff assisting the number in a group in the community)

What methods of communication do you use?

Verbal speech Simple sentence speech

With gestures / pointing

Through signing

With facial expression

With communication support Other

How do you greet people?

Do you distinguish friends from strangers?

Do you enjoy mixing with other people? _____

Same age / sex _____

Are there any particular social situations which are stressful to you?

Can you read? YES NO

Can you write? YES NO

Are you able to compose a sentence/letter? YES NO

Can you: tell the time? YES NO

answer the telephone? YES NO

use electrical appliances? YES NO

Do you follow basic requests? (eg sit down, come over here?) YES NO

Do you follow two step directions? (eg "please go to your room and get your hat")

YES NO

Do you have any fears or phobias? Yes No

Are you comfortable in crowded situations, ie, markets and shopping centres?

Do you require constant supervision while around roads?

Are you comfortable in restaurants and have appropriate social skills?

Are you likely to abscond during community activities?

Can you manage a full day community based activity?

..

Should there be any concern for yourself or community members in situations involving:

*opposite sex interactions, same sex interactions, interacting with children

* crowds, air, train or bus travel, heights, noisy environments, full day activities

please indicate below if you have not travelled by plane before.

Please detail modes of transport used for previous holidays

Do you understand the value of money? YES NO

Do you wish for us to look after your spending money? YES NO

Is there any other information regarding your communication (eg, how you express joy, frustration or discomfort) or additional skills you have that may be beneficial for us in understanding your needs?

BEHAVIOURAL SUPPORT

Describe your general temperament

What behaviour is to be encouraged?

What behaviour is to be discouraged?

Are you prone to exhibit challenging or socially unacceptable behaviour?

YES NO

Verbal Issues:	YES	NO	Self	Others
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Physical Issues	YES	NO	Self	Others
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Inappropriate sexual behaviour	YES	NO	Self	Others
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To ensure effective address of challenging behaviour without upsetting or distressing you whilst on holiday it is important for us to know the strategies and approaches your family, carers and support workers have in place – often these strategies involve simple actions for approaching such situations. Please detail and indicate possible triggers and strategies to prevent undesirable behaviour

If you have a formalised behaviour management strategy, please attach to this form.

HOLIDAY EXPECTATIONS

Please use this space to describe what your expectations of the holiday are – what do you want for holiday and what is important to you when on holiday.

EAGLETON RIDGE RESPITE CENTRE - HOLIDAY PROFILE

HEALTH & MEDICAL CONSENT FORM

NAME : _____ DATE OF BIRTH _____

ADDRESS _____

HOLIDAY DATES _____

HOLIDAY DESTINATION _____

NON PRESCRIBED OVER THE COUNTER MEDICATION

We the undersigned confirm that the holiday participant is / is not (strike out whichever is not applicable) able to be administered:-

*Paracetamol for the treatment of minor ailments if required

(dose as per package or container prescription and used strictly as directed)

*Betadine solution for the treatment of minor cuts/abrasions

(dose as per package or container prescription and used strictly as directed)

Holiday participants parent, legal guardian or carer to be informed if such medication is administered. Date, time and dose provided to be clearly indicated.

MEDICAL TREATMENT IN THE EVENT OF AN EMERGENCY

In the event of a medical emergency involving the holiday participant, EAGLETON RIDGE RESPITE CENTRE PTY LTD will take all responsible steps to contact the parent / legal guardian / carer which in their opinion require medical attention.

In the event of such emergency requiring immediate medical attention, we the undersigned, give permission for a legally qualified medical officer, to provide treatment, perform tests or administer medication to the holiday participant.

We the undersigned confirm that the Health and Medical details pertaining to the holiday participant as completed on pages 2 and 3 of this ERRC Application Form are true and correct and any known contra-indications or concerns regarding administration of medication and general health care have been advised in writing to ERRC management. We the undersigned agree that should ERRC have cause to need to speak with the holiday participant's General Practitioner that permission is hereby granted for us to do so.

GENERAL PRACTITIONER:

NAME: _____ DATE _____

SIGNATURE _____

GUARDIAN /CARER:

NAME: _____ DATE _____

SIGNATURE _____

APPLICANT:

NAME: _____

DATE _____

SIGNATURE _____

EAGLETON RIDGE RESPITE CENTRE PTY LTD

TERMS AND CONDITIONS

Application Forms must be signed by the applicant, applicant's next of kin, legal guardian or permanent carer.

Health & Medical Consent Form as contained in ERRC Application Form must be signed by the applicant, applicant's next of kin, legal guardian or permanent carer and the applicant's general practitioner.

All applications are subject to acceptance by Eagleton Ridge Respite Centre Pty Ltd.

All applications must be accompanied by a deposit before holiday applicants can be accepted. Applicant deposits must be paid 45 days prior to commencement of holiday. Deposits are accepted as a first instalment of the total holiday cost.

Existing Clients of Eagleton Ridge \$200

New Clients \$500

Full holiday payment must be received by ERRC 21 days prior to commencement of holiday.

Cancellation charges apply if applicant cancels holiday:

1 to 21 days prior to commencement of holiday 100% of holiday cost

21 to 45 days prior to commencement of holiday Deposit + any other expenses incurred forfeited

*note: Deposit forfeited if Christmas, January and Easter Holidays are cancelled 60 days prior to commencement of holiday.

ERRC holiday guests are required to take out travel insurance as a condition of participation on our holidays. This measure is primarily to protect the holiday participant in the event of cancellation due to unforeseen illness. We are able to assist in obtaining travel insurance should you require it.

ERRC reserves the right to alter holiday costs as and if necessary, with or without notice. Changes to holiday costs will only be made if real and reasonable additional costs have been incurred by ERRC

Holiday costs include: Personal care and full support, airfares (if applicable), transport during holiday, holiday photograph album, breakfast, lunch and dinner, including restaurants and outdoor functions, entrance fees to tourist attractions and activities and accommodation.

Holiday costs do not include: Personal spending money, extraordinary medical supplies or transfers to and from departure point.

ERRC reserve the right to alter or modify itineraries as deemed necessary according to prevailing weather conditions or other circumstances as may arise on any holiday.

ERRC reserve the right to cancel a holiday if minimum participation numbers have not been attained. In such circumstances all monies paid will be refunded to the applicant, or transferred to an alternative holiday as chosen by the applicant.

If an application is misleading and/or a holiday guest displays negative behaviour not discernable from the application form and as a result must be sent home early, the applicant and/or guardian will bear the full cost of the guests return. Holiday monies paid will not be refunded in the event of return being required.

If assistance is required with medication, sufficient medication for the duration of the holiday must be handed to our staff prior to commencement of the holiday.

ERRC will assist with care of personal spending money if applicant requires such assistance. All expenditure will be documented and recorded by ERRC and left-over monies returned to the guest or their guardian/carer at the end of the holiday.

Holiday guests are asked to adhere to the luggage list as provided by ERRC. Additional luggage must be arranged prior to commencement of holiday.

Holiday guests are liable for any damage to property or persons they may cause.

ERRC will take photographs during the holiday and each guest will be provided with a photograph album after their holiday. ERRC reserves the right to use holiday photographs in promotional material.

ERRC undertake to provide a positive recreational experience for all holiday guests and guarantee the provision of high quality care and best practice operational standards. ERRC will provide a report at the end of each holiday for each guest for the information of guardian and/or carer as a service and indication of how the holiday guest participated in the holiday.

Please Note: All photographic materials remain the property of ERRC for use with promotional advertising unless otherwise arranged with ERRC.

HOLIDAY PARTICIPANT: _____

HOLIDAY DATES _____

I / We have read and understand the above Eagleton Ridge holiday terms and conditions and I / We agree with the stated terms and conditions.

NAME OF PARTICIPANT:

SIGNED _____

DATE ____/____/____

NAME OF CARER/GARDIAN:

SIGNED: _____

DATE ____/____/____