



Careaway

ABN: 40 083 654 326

PO Box 947

Mittagong NSW 2575

Website: www.careaway.com.au

Email: careaway@careaway.com.au

Coach Accreditation: 22331

NDIS: 4050002623

Tel: 02 4872 2224

Fax: 02 4872 1831

Hannah: 0404 295 655

Application Form

Holiday/Tour/Date _____

Holiday Category _____ Does the person travelling on this holiday fit into this category? _____

Full Name _____ I like to be called _____

(as shown on official ID)

The Person Organising My Holiday is _____

The Best Number to contact them on is _____

Email Address _____

Postal Address _____ Post Code _____

Home Address _____ Post Code _____

House Phone Number _____ Pension Number _____

Emergency Contact Name _____ Number: _____

Medicare Number _____ Exp. _____ Postiton on card _____

Private Health Fund _____ Number _____ Amulance Cover _____

Date of Birth _____ Sex _____ Height (approx.) _____ Weight (approx.) _____

Country of birth: _____ Do you identify as Aboriginal or Torres Strait Islander? _____

English speaking Yes/No _____ Other Languages Spoken: _____

Are you taking out travel insurance? Yes/No Company _____ Policy No. _____

Is the participant using NDIS funding towards their holiday Yes/No (if yes you will also need to complete a service agreement) NDIS number: _____

Do you agree to have photographs/videos shared on social media/website? Yes/No

Medical Conditions/Disability/History/Risks (Anything which the tour operator ought to be aware of)

ANY ADDITIONAL INFORMATION please attach any additional information which you think would be useful to us whilst on holidays. **NOTE:** Any costs arising out of any condition disclosed or not disclosed on this application will be the responsibility of the participant.

Booking Conditions

PLEASE READ CAREFULLY BEFORE YOU SIGN

Careaway gives you a professional service. **Careaway** carries \$20 million public liability insurance. However we accept no liability or responsibility for injury or loss of travellers' person or property. We expect that the traveller has travel insurance. You need to be at meeting points for pick up and drop offs on time as we have a schedule to follow (sometimes other participants need to be picked up or transferred onto other buses etc. which have designated departure and arrival times.) On day of departure if you are not at meeting point we will depart without you. On our return from holiday if you are not at the meeting point on time the participant will travel back to Mittagong with us incurring a \$70 per hour fee after last drop off. If you have been caught up in traffic or have had an unexpected delay phone **Careaway** on the mobile listed on your meeting times and we will endeavour to arrange an alternate pick up (however this is not always possible).

NOT INCLUDED IN OUR HOLIDAY/TOUR COSTS

1. Items of a personal nature such as laundry, phone calls, excess baggage, purchase of unexpected/forgotten items or single use of room.
2. Repair to property damaged, replacement of damaged articles.
3. Medical/surgical requirements (except for first aid items)
4. Travel Insurance
5. Overnight and transfer expenses incurred to departure points are not included in the cost of the holiday and are the customer's own responsibility.

CANCELLATION CHARGES

1-28 days prior to commencement of tour – loss of 100%

29 days prior to commencement of tour – loss of deposit. (However money will be fully refunded if we replace the position on the tour. If the tour involves an airfare/cruise line, the cost of the name change on the ticket will need to be deducted from refund.)

TOUR MEMBERSHIP

Careaway reserves the right to withdraw tour membership from anyone whose behaviour is likely to affect the smooth operation of the tour or adversely affect the enjoyment or safety of themselves, other travellers, staff or other people. **Careaway** shall be under no liability to such person. In the event of a traveller needing to be withdrawn from our tour due to medical or behaviour reasons, it is the responsibility of the person being withdrawn to meet the costs incurred by **Careaway** in the process of returning that person. It is the responsibility of the person's support person, or organisation to collect the participant (on holidays we do not have availability of staff to leave the rest of the group). **Please be aware that Careaway does not cater for self-injurious, violent or aggressive behaviours.** That staff ratios are set to ensure the safety of everyone whilst on holiday and that the category is appropriate to the participants needs. By signing this I consent to have my/the participants information shared with external stakeholders for the purpose of bookings and maintaining the wellbeing of the participant. Careaway does not need consent in the event if there is a need for mandatory reporting.

I, _____ have read the above conditions and agree to abide by them

Signed _____ Date _____

Medication _____

Do you want **Careaway** staff to look after medication YES/NO (If yes please sign the consent form below. Medication must be packed in Webster packs, please make sure the Webster packs close firmly and 3 days extra medication is packed in case unexpected circumstances.)

I require **Careaway** staff to give medication to _____
And hereby give permission to **Careaway** staff to administer the required medication.

Signed _____ Date _____

Consumer Information Form

Name: _____

Will the applicant require prompting/assistance with:

	Assist	Prompt	Prompt & Check	No Assist	Clarify
Shaving (please send electric Shaver if you require staff to Shave consumer)					
Showering					
Shampooing					
Toilet					
Dressing					
Period					
Packing Bag					
Medication					
Cutting Food					
Eating					
Drinking					
Teeth					
Making Tea/Coffee					
Stairs					
Crossing Roads					
Buying Goods					
Swimming					
Choosing Clothes					
Other _____					

Is the applicant aware of the dangers of: (please circle correct one)

- | | |
|-----------------|--------|
| Pools | YES/NO |
| Roads | YES/NO |
| Heights | YES/NO |
| Stranger Danger | YES/NO |

Are you aware that:

- | | |
|--|--------|
| This service is for adults with mild/moderate intellectual disability | YES/NO |
| There are 3 different categories for our holidays | YES/NO |
| Does the applicant fit into appropriate category? | YES/NO |
| Careaway is unable to cater for people with aggressive/violent behaviours | YES/NO |
| Careaway does not offer full assistance holidays | YES/NO |
| Careaway does not offer single use of room | YES/NO |
| All passengers must carry 3 days extra medication | YES/NO |
| All passengers receive a free set of photos | YES/NO |
| Careaway staff do not give injections | YES/NO |
| You are entitled to the use of independent advocates | YES/NO |

Some of the things I like are _____

Some of the things I dislike are _____

Some of the foods/drinks I like are _____

Some of the foods/drinks I dislike are _____

Does the applicant suffer from: (please circle correct answer) Special Care Recommended

Problems with swallowing food, fluids, or medication?

YES/NO _____

Bed Wetting

YES/NO _____

(If yes a full plastic mattress protector must be sent on the holiday with the participant)

Seizures

YES/NO _____

(Please provide management plan)

Depression

YES/NO _____

Dizzy Spells

YES/NO _____

Blackouts

YES/NO _____

Asthma

YES/NO _____

(Please provide management plan)

Diabetes

YES/NO _____

Infectious Disease

YES/NO _____

Heart Condition

YES/NO _____

Aggressive Behaviour

YES/NO _____

Hearing Difficulties

YES/NO _____

Visual Difficulties

YES/NO _____

Travel Sickness

YES/NO _____

Migraines

YES/NO _____

Any Phobias

YES/NO _____

Allergies

YES/NO _____

Sleep Apnea

YES/NO _____

Does the applicant walk independently?

YES/NO _____

Does the applicant use a walking aid?

YES/NO _____

How does the applicant communicate?

YES/NO _____

Does the applicant respond to speech in the appropriate way?

YES/NO _____

Is the applicant:

Inclined to wander?

YES/NO _____

Socially adapted?

YES/NO _____

Allowed to have alcohol?

YES/NO _____

A smoker?

YES/NO _____

Does the applicant need to have their money looked after?

YES/NO _____

(We collect receipts where we can however this isn't always possible)

Does the applicant have any dietary requirement or a meal time management plan?

(please provide management plan) YES/NO _____

Does the applicant have any cultural or religious needs?

YES/NO _____

Does the applicant require an Interpreter?

YES/NO _____