



Careaway

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Application Form

Service Date _____

Careaway Category _____ Does the person booking on to this service fit into this category? _____

Full Name _____ I like to be called _____
(as shown on official ID)

The Person completing this form is _____

The Best Number to contact them on is _____ Email _____

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 service YES/NO (if yes you will also need to complete a service agreement)

NDIS number: _____ Does the participant have a support coordinator YES/NO

Name: _____ Phone: _____

Email: _____

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 in our care. **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 participants' person or property. We expect that the participant 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 service or 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 service 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 SERVICE COSTS

1. Items of a personal nature such as, 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 service and are the customer's own responsibility.

CANCELLATION CHARGES

1-28 days prior to commencement of service – loss of 100%
29 days prior to commencement of service – loss of deposit. (However money will be fully refunded if we replace the position on the service. If the service involves an airfare/cruise line, the cost of the name change on the ticket will need to be deducted from refund.)

SERVICE MEMBERSHIP

Careaway reserves the right to withdraw service membership from anyone whose behaviour is likely to affect the smooth operation of the service or adversely affect the enjoyment or safety of themselves, other participants, staff or other people. **Careaway** shall be under no liability to such person. In the event of a participant needing to be withdrawn from our service 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 (during our service 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 in our service 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 (Please attach a list of medications taken if they will not fit into this section)

Do you want **Careaway** staff to look after medication YES/NO. If yes please sign the consent form below. If no please sign below to acknowledge that the participant is consenting to look after everything involved with self-administering and looking after their own medication.

Medication **must** be packed in Webster packs or pharmacy issued medication sachets, please ensure 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 _____

I do NOT require **Careaway** to administer medication and understand by signing this the it is the responsibility of the participant to self-administer and look after their own medication for the duration of the service.

Signed _____ Date _____

Individual risk assessment

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 services | 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 services | 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 have: (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 (Please provide management plan)

YES/NO _____

Depression

YES/NO _____

Dizzy Spells

YES/NO _____

Blackouts

YES/NO _____

Asthma (Please provide management plan)

YES/NO _____

Diabetes (Please provide management plan)

YES/NO _____

Infectious Disease

YES/NO _____

Heart Condition

YES/NO _____

Behaviours of concern (Please provide plan)

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?

Does the applicant respond to speech in the appropriate way?

YES/NO _____

Inclined to wander?

YES/NO _____

Socially adapted?

YES/NO _____

Able to have alcohol?

YES/NO _____

A smoker?

YES/NO _____

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

(please provide management plan)

YES/NO _____

Does the applicant have any cultural Spiritual or religious needs?

YES/NO _____

Does the applicant require an Interpreter?

YES/NO _____

Does the participant have a personal risk assessment (If yes please provide a copy)?

YES/NO _____

Does the participant have any goals relating to this holiday? _____

Does the applicant need to have their money looked after?

YES/NO _____

If YES I understand that if **Careaway** staff are required to look after money we will collect receipts where possible. Please note that this is not always possible.

If you would like us to look after the money, please hand the money to a staff member in an envelope with the participants name clearly written on it and the amount of money inside.

If NO I understand that it is the responsibility of the participant to manage their own spending and collect their own receipts.

Signed: _____ Date: _____

Emergency and disaster management plan and preparedness

In the case that Careaway needs to cancel, reschedule, or a service needs to be ended short because of a natural disaster (eg fire, flood), emergency, or a pandemic please list below the best process for us to ensure that the participant will have continuity of support from our service back to their regular home environment.

Will the participant have support in place in the case of an emergency or disaster and they need to return home? YES/NO

Who is the best contact person for us to ensure a smooth transition?

Name: _____ Phone Number: _____

Additional person if this contact is not available:

Name: _____ Phone Number: _____

Who will be providing this support (eg family member, support service)?

SUITABILITY:

CATEGORY '1' Services 1:4-5 staff-to-participant ratio:

These services are for people who are active and mobile, requiring only minimal assistance and supervision whilst in our care.

- It is necessary for the consumer to be able to toilet, shower and look after personal care independently. Able to walk independently at a steady pace.
- It is also expected that they have good communication and social skills.

CATEGORY '2' Services 1:3 staff-to-participant ratio:

These services are for people seeking a medium - paced service with a minimum - low amount of assistance.

- It is necessary for the consumer to be mobile, able to toilet, shower and look after personal care independently or with minimal assistance. Able to walk independently.
- It is also expected that the consumer is socialized and able to participate in public outings.

CATEGORY '3' Services 1:2 staff-to-participant ratio:

These services are for people seeking a slower paced service.

- It is expected they are mobile, able to toilet themselves and may need some personal care assistance. Able to walk independently or with minimal support.
- It is also expected that the consumer is socialized and able to participate in public outings.

Careaway is unable to offer services to people with challenging, violent, or self-injurious behaviours on any service.