



Leisure Options



**PLEASE
ATTACH
PHOTO**

HOLIDAY APPLICATION & PERSONAL SUPPORT FORM

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HOLIDAY BOOKING SERVICE AND TRAVEL COMPANIONS

IF YOU REQUIRE HELP TO COMPLETE THIS FORM PLEASE TELEPHONE LEISURE OPTIONS!

Leisure Options is a licensed travel agent and a member of the Travel Compensation Fund. Leisure Options specialises in planning holidays for individuals or groups with a disability and for older adults. For those who do not like to travel alone, Leisure Options also provides a travel companion service. We can also provide a travel companion to accompany you on tours arranged by other travel companies or tour operators, such as cruises, bus trips and so on.

Each Travel Companion Holiday is priced individually, so please bear in mind that this makes them more expensive than our set holidays as the pricing includes the provision of companion services. We are happy to quote on any holiday you may wish to undertake.

The base fee for planning an individual itinerary is \$137.50 (inc. GST) for up to 3 hours of planning.

This form will assist Leisure Options Staff to develop your personalised holiday and match you with a suitable travel companion (if applicable), therefore it is important that you provide as much information as possible.

What do I have to do:

- First of all, you choose:

Your destination
Preferred mode of transport
Accommodation
When you wish to travel
And the sort of companion you would like (if applicable).

- Then fill out the sections relevant to you: About you
Proposed Holiday/s and Travel Plans
Travel Companion Information

The first two sections must be filled out. The Travel Companion Information only needs to be filled out if you require a travel companion to accompany you on your holiday. If you find information not applicable to you simply cross it out.

- Send this form with your planning fee of \$137.50 to Leisure Options.

Before you start:

- Do you want Leisure Options to undertake the planning and book your travel arrangements for your proposed trip? _____
- Do you require a travel companion to accompany you on this trip? _____

Section 1- About you

Surname: _____ Given names: _____

Preferred name: _____ Date of Birth: / /19 F/M

Height: _____cm Weight _____kg Hair color: _____ Eye color: _____

Distinguishing features: _____

Cultural/religious affiliations: _____

I have a: Mild Intellectual Disability Moderate Intellectual Disability Severe Intellectual Disability
 Physical Impairment Acquired Brain Injury Visual Impairment
 Hearing Impairment Psychological Condition

I am:

Frail due to advanced age

Other (brief description)

My diagnosed condition: _____

Where you live

Address: _____

_____ Post Code: _____

Telephone Home: _____ Fax: _____ Email: _____

Work: _____ Fax: _____ Email: _____

Mobile: _____

Do you live in? Family home Hostel CRU

Other: _____

Filling in this form

Name of person completing this form on your behalf: _____ Date: ____/____/____

Relationship to you: _____

Telephone Daytime: _____ Emergency: _____

Work and Leisure

Day Placement

Employment

Description/Name

Contact Number

Day Centre

Other

Leisure Interests

Please tick the following:

ACTIVITIES	ENJOY	DO NOT ENJOY	UNSURE
Swimming			
Beach			
Spa			
Fishing			
Boat Trips			
Bushwalking			
Horse Riding			
Animals - Farm Activities			
Sanctuaries/Wildlife Park			
Football			
Cricket			
Tennis			
Live Theatre			
Concerts			
Film/Cinema			
Restaurants			
Shopping			
Dancing			
General Touring & Sightseeing			
New friendships			
Air Travel			
Joy Flights			
Train Travel			
Bus Travel			
Other (please specify)			

Do you have any additional leisure interests or hobbies?

Have you been on a Holiday before? Yes No

Your Doctors

Usual doctor: _____

Address: _____ Post Code: _____

Telephone Day Surgery: _____ Emergency: _____

Specialist doctor: _____

Address: _____ Post Code: _____

Telephone Day Surgery: _____ Emergency: _____

Support Person/Next of Kin

Name: _____ Relationship to you: _____

Address: _____ Post Code: _____

Telephone: (B) _____ (H) _____ (M) _____

Health Cover

Medicare number: _____ Pension Number: _____

Do you have Ambulance cover? Yes No Reference Number: _____

(Note: Pensioners have automatic cover)

Do you have private health cover? Yes No Provider: _____ Ref No. _____

Personal Care

Will you require prompting/physical assistance with the following personal care or daily tasks:

	No Assistance	Prompting	Prompt & Check	Full Assistance	Clarify
Showering					
Washing Hair					
Shaving					
Cleaning teeth					
Toilet					
Menstrual hygiene					
Dressing					
Choosing Clothes					
Cutting Food					
Eating					
Drinking					

Medical History

Do you have any of the following? Please supply details:

Quick Reference Check

	Yes	No	Details
Allergies			
Asthma			
Blackouts			
Diabetes			
Psychological Condition			
Depression			
Substance Abuse			
Dizzy spells			
Heart Condition			
Hearing difficulties			
Incontinence			
Migraine			
Sleep Walking			
Travel Sickness			
Speech difficulties			
Visual difficulties			
Aggressive behaviour			
Fits of any type			
Forgetfulness/dementia			
Other			

Please detail any further information that *Leisure Options* staff should be aware of, which may aid your day to day?

Medical Check (please tick)

How frequently do you have a medical check? Weekly Fortnightly Monthly When necessary

In the last five years have you required emergency medical treatment or had major surgery? Yes No

If 'Yes' - please state the medical problem and treatment given:

Allergies

Do you have any allergies: Yes No

Special care recommended in the event of an allergic reaction - Please list any reactions to specific drugs, stings, foods, etc.

Epilepsy

Do you experience epileptic seizures: Yes No

Type of seizures: _____

Possible triggers: _____

Frequency: _____

Medical response: _____

Methods of recording: _____

Tetanus Immunisation

Date of last Tetanus booster: / /

If over 10 years, it is advised to arrange a booster and inform *Leisure Options* prior to your holiday.

Sleep

Please describe any specific sleeping patterns: for example - are you an early or late riser, do you tend to be wakeful, do you snore, sleep walk or talk

Do you require any special bedtime aids, equipment, or support? Yes No

- Plastic Sheeting
- Kylies
- Bed with sides
- Bed Pole
- Head or Limb Support
- Extra Pillows
- Extra Blankets

Other: _____

Do you need checking during the night? Yes No

If 'Yes', how frequently? _____

Do you need an active night staff person? Yes No

Physical Disability - Mobility Information

Do you have a mobility difficulty or use mobility aids Yes No

Do you use any of the following:

- Electric Wheelchair
- Electric Scooter
- Manual Wheelchair (Self Maneuvered) - Please specify endurance _____
- Manual Wheelchair (Assisted Maneuvering)
- Walking Frame (easily collapsible)
- Walking Cane

Other: _____

If you use an electric wheelchair/scooter does it have a: Dry cell Wet cell

Other (please describe): _____

How do you charge this battery? _____

Can you weightbear to transfer to and from your wheelchair:

	Yes	No	With Support
Into a chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Into a car seat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Into a bus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Into an aircraft seat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Into bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you require special restraints/harness to support you whilst in a:

	Yes	No	<u>Notes</u>
Regular chair/airplane seat/bus/bed, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you prefer to use a hoist for transferring?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a personal sling or hoist attachment?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you require assistance with stairs and/or escalators?	<input type="checkbox"/>	<input type="checkbox"/>	

Please list any other information regarding your mobility and/or mobility support requirements/assistance:

General Information	YES	NO	DETAILS
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you capable of independently & safely preparing hot beverages?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you want staff to look after your spending money?	<input type="checkbox"/>	<input type="checkbox"/>	

Do you require nursing attention or an attendant carer during your holiday?

Yes No

Please specify- _____

Times needed during the day- _____

Approximate hours needed for- _____

Basic duties you require the attendant carer/nurse to perform?

Community Participation

	Yes	No
Are you comfortable in shopping centres, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
Are you likely to abscond during community activities?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require constant supervision while around roads?	<input type="checkbox"/>	<input type="checkbox"/>
Are you comfortable dining in restaurants and have appropriate social skills?	<input type="checkbox"/>	<input type="checkbox"/>
Can you manage a full day community based activity?	<input type="checkbox"/>	<input type="checkbox"/>

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

- Crowds
- Full Day Activities
- Air Travel
- Confined Spaces
- Opposite sex interactions
- Interacting with children
- Noisy Environments
- Water based activities
- Heights
- Same sex interactions
- Interacting with animals
- Interacting with adults/peers

What staff ratio would be recommended in the community? 1:1 1:2 1:3

Dietary Support

Do you have any special dietary requirements? Yes No

Should any substance/s be restricted in your diet? Yes No

Please specify: _____

What are your favorite foods? _____

What are your favourite drinks? _____

How do you have your:

Coffee

Tea

Other

Are there any foods you dislike?

Do you require any special aids or equipment for use during meal times? Yes No

If 'yes', please describe and bring them along on your holiday labeled.

Please describe the best methods to assist you at meal times.

Communication

What methods of communication do you use?

	Yes	No	Brief Description
Verbal Speech: English			
Verbal Speech: Language other than English			
Signs Including Compic			
Other			

Note: If communication aids are used to please ensure they are brought on all holidays.

If you are non-verbal please describe how you communicate 'Yes' and 'No'.

Behavioral Support and Challenging Behaviour

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

Are you prone to exhibit challenging or socially unacceptable behaviour? Yes No

Possible triggers:

Behaviour	Yes	No	Suggested strategies/strategies currently used
Verbal issues			
Self			
Others			
Physical issues			
Self			
Others			
Inappropriate sexual			
Behaviour			
Self			
Others			
Other (<i>please describe</i>)			

We need to know the strategies your carers/support workers have in place to assist you when this occurs. The information needs to be specific so on holiday we can effectively address this behaviour without upsetting or distressing you – often these strategies involve simple actions for approaching such situations.

Please provide any further detailed information regarding your behavioural support needs

Section 2- Proposed holiday/s and travel plans

Destination _____

Itinerary Outline:

Detail the major places you wish to visit. This detail will enable us to develop your personal itinerary. Attach any relevant brochures or information.

Proposed dates for holiday

Approximate departure date ____/____/____ return date ____/____/____ OR

Month _____ Year _____

Others who will be travelling with you

Names of people who will be accompanying you on this trip- _____

Purpose of Holiday:

Family Reunion	<input type="checkbox"/>	Sightseeing	<input type="checkbox"/>
Health/ relaxation	<input type="checkbox"/>	Special occasion, eg. Wedding	<input type="checkbox"/>
Adventure	<input type="checkbox"/>	I just need a break!	<input type="checkbox"/>

Holiday Package/ Brochure-

Is there a package that you would like to go on, if you have the name of the package / tour please give the details-

TRANSPORT

Primary Mode of Transport: air sea train bus car cruise

(please circle)

If applicable please specify preferred airline/s- _____

Please include any other information which you think we will need to know, eg. Prefer window seat, economy or business class (unless specified holidays are quoted at economy class rates), etc.

• If you have a Frequent Flyer Membership: airline and your membership number:

• Do you have a current passport? Yes/ No

If yes, Passport number- _____ Expiry Date- _____

Preferred mode of transport during your holiday:

Public Taxi Car Hire (please circle)

Other (please specify) _____

Would you like us to organise transfers to and from the airport, train station, bus terminal etc...?

Yes No

ACCOMMODATION

Primary type of accommodation at holiday destination:

Hotel Hostel Motel
Bed & Breakfast Family/friends home Overnight/ Cabin

Do you require the accommodation to be wheelchair accessible? Yes No

Do you require a: commode shower chair hoist (please circle)

Other (please specify) _____

ACTIVITIES

Would you like us to organise additional activities during your holiday? For example, a day tour/cruise, visits to attractions/ theme parks, dinner arrangements. Yes No

Please specify- _____

MEALS

Do you have any special dietary requirements? Yes No

Please specify- _____

Would you like meal costs budgeted into your itinerary? Yes No

Please specify- _____

Section 3- Travel Companion Information

Choice of your holiday companion:

Do you want a: Male Female
 Smoker Non-smoker
 Age 20-35 35-50 50+

What interests would you like your companion to have?

History Classical Music Art
 Sport Theme Parks Theatre
 Literature Live Entertainment Animals
 Gardens Socialising Crafts

Any further information:

Level of Support Required:

Please indicate by ticking low, medium or high.

Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
Companionship, reassurance, assistance with organisation and luggage. Minimal physical assistance.	Companionship, assistance with organisation and luggage, and minimal personal care/ prompting.	Companionship, medical support required for administration of injections, monitoring of a medical condition, eg. Severe respiratory cardiac or other disorder. Higher level of personal care and assistance with any of the following- mobility, eating, toilet, communication.

LEISURE OPTIONS
HOLIDAY BOOKING CONDITIONS

OUR RESPONSIBILITIES

1. YOUR HOLIDAY RESERVATION

On receipt of your booking request form and planning fee a draft itinerary will be developed and a draft budget and costing of your proposed holiday. A contract is only made between you and us upon your booking being confirmed and accepted by us and our communication thereof to either you or your carer.

2. HOLIDAY CHANGE AND/OR CANCELLATION

- 2.1 Leisure Options reserves the right to change or cancel your booking in accordance with operation requirements or circumstances beyond our control.
- 2.2 Should change or cancellation prove necessary we will give you reasonable notice thereof, in the circumstances, and where available, offer you a comparable alternative.

3. HOLIDAY DETAILS AND CONDITIONS

- 3.1 The information in our brochure is correct to the best of our knowledge at the time of going to print but we cannot guarantee that any item or amenity mentioned will be available especially where we have no direct control over it.
- 3.2 Leisure Options will do their best, at their discretion, to select accommodation, sightseeing tours and transportation to give you good value for money.
- 3.3 Leisure Options constantly strives to improve our itineraries and features. If such improvements can be made, or unforeseen circumstances beyond our control make changes necessary, we reserve the right to vary itineraries and to substitute hotels.

4. LIABILITY

On the receipt of any monies we will hold such monies for you until the booking is confirmed at which time those monies shall be remitted promptly to us. All such monies received by us will be deposited as required by law.

YOUR RESPONSIBILITIES

1. BOOKING YOUR HOLIDAY

- 1.1 In order to reserve your Holiday, a deposit of \$200 per person per Holiday must be submitted as soon as possible to Leisure Options. The deposit is accepted as a first installment of the holiday price by Leisure Options only once the booking has been confirmed in writing by Leisure Options.
- 1.2 Once Leisure Options has confirmed your booking in writing, the deposit you have paid will not be refunded nor can it be credited to any other booking except as set out in Section 2 of 'Our Responsibilities'.
- 1.3 Any person affecting a booking shall be deemed to have accepted the Booking Conditions on behalf of all persons named in the booking.

2. PAYING THE BALANCE

- 2.1 The balance of the holiday price must be paid no later than 60 days before the scheduled holiday departure date, which shall be by the due date stated on the confirmation issued to you by Leisure Options.
- 2.2 If payment isn't made by the due date, Leisure Options may assume that you have cancelled and cancellation charges in accordance with clause 3 below will be levied by Leisure Options.
- 2.3 Leisure Options will not be held liable for any price changes that occur which are out of our control.
- 2.4 Leisure Options reserves the right to cancel the booking and apply cancellation charges should payments not be received within the above specified periods.

3. AMENDMENT FEE

- 3.1 First amendment to booking is free of charge, and \$30 for each additional change.

4. IF YOU CANCEL

- 4.1 Notice of cancellation must be made in writing to Leisure Options.
- 4.2 If you cancel, your deposit will not be refunded nor can it be credited to any other booking.
- 4.3 Upon cancellation you will be liable for any money Leisure Options have already paid to another operator or service plus to pay a fee to cover the estimate of cost and expenses incurred by us in the terms of the schedule set out hereunder. This is expressed as a percentage of the Holiday price and is calculated as follows:

45 days or more before departure:	Deposit is forfeited
44 to 14 days:	50% of Holiday price
13 days to day of departure:	100% of Holiday price

5. HOLIDAY APPLICATION INFORMATION

- 5.1 Upon completion of the Holiday Application and Personal Forms, kindly ensure all information has been filled out correctly. It is imperative that the details of the participant are completed as accurately as possible in order to determine the correct support level for each individual participant. Once their ratio has been determined we are able to provide the appropriate cost of the holiday.
- 5.2 If we do not receive the Holiday Application Form the participant will be assessed at a 1:1 ratio.
- 5.3 If application is misleading and/or vacationer must be sent home early due to inability to meet tour requirements, vacationer or guardian will bear the full cost of the vacationer's return.

6. INSURANCE

- 6.1 It is recommended that all holiday participants take out comprehensive Travel Insurance to cover for cancellation, medical expenses, personal accident, personal baggage, money and public liability before you will be accepted on a Leisure Options holiday. This should be arranged at the time of payment of the deposit and will, in certain circumstances, cover you against loss of deposit or cancellation fees from the date of confirmation of your booking, as shown in the insurance policy. Leisure Options can provide you with a policy application.
- 6.2 Travel Insurance does not cover failure to be at the departure point on time, cancellation due to the holiday participant changing their mind, and canceling due to illness related to a pre existing illness. There is special insurance cover (at an extra cost) related to pre existing medical, and this is accepted at the discretion of the insurance company. Please ask Leisure Options if you require further information.

7. WEATHER CONDITIONS

Under no circumstances can we be held responsible for snow or weather conditions, nor can any holiday be cancelled or amended by you at any time on the basis of snow or weather conditions.

8. HOLIDAY CONDITIONS

- 8.1 Leisure Options reserves the right to withdraw holiday participation from anyone whose behavior is likely to affect the smooth operation of the holiday or adversely affect the enjoyment or the safety of other holiday participants. Leisure Options shall be under no liability to such person. A holiday participant is liable for any damage to property or persons they may cause.
- 8.2 Leisure Options staff will take holiday photos during the holiday. Each participant will be sent a range of holiday photos after their holiday. Leisure Options has the right to use holiday photos in their publicity.

9. WHAT IS NOT INCLUDED IN THE HOLIDAY PRICE

The cost of passports, visa, travel permits plus items of a person nature such as laundry, telephone calls, excess baggage charges, personal and travel insurance, postage and telecommunications, beverages, medical supplies and any other expenses than noted as included.

I have read & understand the above Leisure Options holiday conditions. I agree to adhere by these.

Signed _____ (person who has completed form) Date / /20

Signed _____ (on behalf of Leisure Options) Date / /