



Leisure Options



**PLEASE
ATTACH
PHOTO**

HOLIDAY APPLICATION & PERSONAL SUPPORT FORM

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PROPOSED HOLIDAYS

(code only)

1.	2.	3.	4.
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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:
- | | | |
|---|---|---|
| <input type="checkbox"/> Mild Intellectual Disability | <input type="checkbox"/> Moderate Intellectual Disability | <input type="checkbox"/> Severe Intellectual Disability |
| <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Psychological Condition | <input type="checkbox"/> Other |

My diagnosed condition: _____

Where you live

Address: _____

_____ Post Code: _____

Telephone Home: _____ Fax: _____ Mobile: _____

Email (personal or house): _____

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: _____ After Hours: _____

Emergency Contact (24 hour contact details)

Name: _____ Relationship: _____ Phone: _____

LEISURE OPTIONS USE ONLY Date received: / / Assessed by: _____ Support level: _____

Active Night W/C Hoist Diabetes Epilepsy Spec Diet Med Care Laundry Category: _____

Work and Leisure

Day Placement

Description/Name

Contact Number

Employment

Day Centre

Other

Leisure Interests

Please tick the following:

ACTIVITIES	ENJOY	DO NOT ENJOY	UNSURE	COMMENTS
Swimming				
Beach				
Spa				
Fishing				
Boat Trips/Travel				
Bushwalking				
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				
Pampering Activities (massage, hair cut, nails etc)				
Motorbike Rides				
Other (please specify)				

Do you have any additional leisure interests or hobbies?

Have you been on a Holiday before? Yes No With Leisure Options? Yes No

With another agency? Yes No With family/friends? Yes No

Parent/Guardian/Next of Kin

Name: _____ Relationship to you: _____

Address: _____ Post Code: _____

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

Email : _____

Other Relevant Contacts - please supply name and contact details

State Trustees Administrator: _____ Telephone: _____

TAC Administrator: _____ Telephone: _____

Other: _____ Telephone: _____

Companion Card Number & Expiry Date: _____

MEDICAL INFORMATION

Your Doctors

Usual doctor: _____

Address: _____ Post Code: _____

Telephone Day Surgery: _____ Emergency: _____

Specialist doctor: _____

Address: _____ Post Code: _____

Telephone Day Surgery: _____ Emergency: _____

Health Cover

Pension Number: _____ Medicare 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. _____

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

Please list any reactions to specific drugs, stings, foods, etc.

Please advise the care recommended in the event of an allergic reaction.

Medical History Quick Reference Check

	No	Yes	Details (If yes, please describe/clarify)
Allergies			
Asthma			
Blackouts			
Diabetes			
Psychological Condition			
Depression			
Substance Abuse			
Dizzy spells			
Heart Condition			
Hearing difficulties			
Incontinence			
Migraine / Headache			
Sleep Walking			
Travel Sickness			
Speech difficulties			
Visual difficulties			
Aggressive behaviour			
Fits of any type			
Forgetfulness/dementia			
Physical Impairment			Please refer to page 8
Other			

Epilepsy

Do you experience epileptic seizures: Yes No

Type of seizures: _____

Possible triggers: _____

Frequency: _____

Medical response (eg. How long to wait until an ambulance is called? Please attach further information/plan if relevant):

Methods of recording: _____

Personal Care

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

No Assistance
 Prompting
 Prompt & Check
 Full Assistance
 Please Detail (especially if full assistance is required)

	No Assistance	Prompting	Prompt & Check	Full Assistance	Please Detail (especially if full assistance is required)
Showering					
Washing Hair					
Shaving					
Cleaning teeth					
Toilet					
Menstrual hygiene					
Dressing					
Choosing Clothes					
Cutting Food					
Eating					
Drinking					

Continence

Please tick and provide details if you have any problems with continence:

I require prompting to use the toilet regularly

I wear a continence aid at all times

I wear a continence aid overnight / on long outings

I require full assistance with my continence aid **OR** I am independent with my continence aid

I require bedtime aids such as kylies (see below)

Other (eg. use of bottle, cathetar): _____

Please provide other important details regarding continence: _____

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 get up frequently for the toilet etc. Please note that accommodation is shared on holidays - please let us know if you think this will be a problem.

Do you need checking during the night?

Yes

No

If 'Yes', how frequently? _____

Do you need an active night staff person?

Yes

No

If yes, please explain why?

Physical Disability - Mobility Information

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

Can you manage stairs? _____

Do you use any of the following:

Manual Wheelchair (Self Maneuvered) - Please specify endurance _____

Manual Wheelchair (Assisted Maneuvering)

Wheelchair for long distances, but can walk short distances

Electric Wheelchair

Electric Scooter

Walking Frame (easily collapsible) - Please specify endurance _____

Walking Cane

Other: _____

If you use an electric wheelchair, how do you charge this battery?

Can you weightbear to transfer to and from your wheelchair:

	Yes	No	With Support	Comment
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"/>	_____

	Yes	No	Notes
Do you require special restraints/harness to support you whilst in a regular chair/airplane seat/bus/bed, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you require assistance with stairs and/or escalators?	<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"/>	_____

If you use a **hoist**, please describe the type of hoist and the procedure/routine used: _____

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

Daily Routine

If you have a specific daily routine that you would like to adhere to whilst on holidays please attach some extra information to this form. Also if there is any further information Leisure Options staff should be aware of which may aid your day to day involvement in the holiday please attach.

Please tick if you have attached further information.

Aids and Equipment Checklist

* Please think of all the equipment you usually use at home and provide details. When bringing any specialised equipment with you on holiday please make sure it is clearly labeled with your name.

The cost of hiring equipment on your holiday will be invoiced separately.

		No	Yes	Details (If yes, please describe/clarify)
Bedtime	Plastic Sheeting			
	Kylies			Please bring own
	Bed with sides			
	Bed Pole			
	Head or Limb Support			
	Extra Pillows/ Blankets			
Bathing	Shower Chair (fixed)			
	Shower Commode Chair			
Mealtimes	Special Plate/Bowl/Cup			Please bring own
	Straw for drinking			
General	Hoist			
	Other			

General Information	YES	NO	DETAILS
Do you smoke?			
Can you drink alcohol?			
Are you capable of independently & safely preparing hot beverages?			
Do you want staff to look after your spending money?			

Community Participation

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

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

- | | | |
|---|--|---|
| <input type="radio"/> Crowds | <input type="radio"/> Noisy Environments | <input type="radio"/> Opposite sex interactions |
| <input type="radio"/> Full Day Activities | <input type="radio"/> Water based activities | <input type="radio"/> Interacting with animals |
| <input type="radio"/> Air Travel | <input type="radio"/> Heights | <input type="radio"/> Interacting with children |
| <input type="radio"/> Confined Spaces | <input type="radio"/> Same sex interactions | <input type="radio"/> Interacting with adults/peers |

If you ticked any of the above, please explain: _____

What staff ratio would be recommended in the community? 1:1 1:2 1:3 1:4 1:5

(Please note, if you require being pushed in your wheelchair, this will almost always make you a 1:1)

Dietary Support

Do you have any special dietary requirements? Yes No

If yes, please attach a list of foods you can and cannot eat, including meals you often eat.

Please tick a box which best suits you: Regular Diet Soft Diet Food cut up small Thickened Fluids

Vitamised (please describe what consistency): _____

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

Please specify: _____

What are your favorite foods? _____

What are your favourite drinks? _____

What foods do you dislike? _____

How do you have your:

Coffee

Tea

Other

Please describe the best methods to assist you at meal times, (eg. Independent, Full Assistance, use of equipment)

* Please bring any specialised mealtime equipment with you on the holiday clearly labeled.

Communication

What methods of communication do you use?

Brief Description

Verbal Speech English _____

Verbal Speech (Language Other than English) _____

Signing, Compic, Makaton etc _____

Other _____

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

If you are non-verbal please describe how you communicate the following:

Yes: _____

No: _____

Toilet: _____

Drink: _____

Other: _____

Please attach any further important information about communication if relevant.

Please tick if you have attached further information about communication.

Behavioural Support and Challenging Behaviour

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

NB. Very Important : If you have a formalised behaviour management strategy, please attach a copy to this form, including the type of behaviour, triggers, and the management strategy.

Please tick if you have attached further information about behaviour management.

Behaviour	Yes	Possible Trigger	Suggested strategies/strategies currently used
Verbal issues			
Towards Self			
Towards Others			
Physical issues			
Towards Self			
Towards Others			
Inappropriate sexual Behaviour			
Towards Self			
Towards Others			
Other (<i>please describe</i>)			

It is very important that we have the most up to date information to support you with your behavioural issues. The information needs to be specific so on holiday we can effectively address the behaviours without upsetting or distressing you - often these strategies involve simple actions for approaching such situations. Please feel free to contact us if you have any concerns about challenging behaviour.

What category holidays do you think you would be best suited/prefer to go on?

Independent Relaxed Pace Extra Assistance General Physical Older Adults

Other: _____

Please provide any further important information regarding your participation in a Leisure Options Holiday.

LEISURE OPTIONS
HOLIDAY BOOKING CONDITIONS

OUR RESPONSIBILITIES

1. YOUR HOLIDAY RESERVATION

On receipt of your deposit, subject to availability and at our discretion, Leisure Options will reserve your place on your selected 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 or administrator.

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.
- 2.3 If an alternative is not available or acceptable you will be entitled to either a full refund of monies paid by you to us or transfer to another Leisure Options Holiday without payment of any transfer fee.

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 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 for Victorian Holidays and \$500 to \$800 per person for interstate and international Holidays must be submitted as soon as possible to Leisure Options. (Usually within 7 days of the booking) 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 reserves the right to cancel the booking and apply cancellation charges should payments not be received within the above specified periods.

3. IF YOU CANCEL

- 3.1 Notice of cancellation must be made in writing to Leisure Options.
- 3.2 If you cancel, your deposit will not be refunded nor can it be credited to any other booking.
- 3.3 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

4. HOLIDAY APPLICATION INFORMATION

- 4.1 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.
- 4.2 If we do not receive the Holiday Application Form the participant will be assessed at a 1:1 ratio.
- 4.3 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.

5. INSURANCE

- 5.1 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. 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.
- 5.2 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.

6. 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.

7. HOLIDAY CONDITIONS

- 7.1 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.
- 7.2 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.

8. 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 services and any other expenses than noted as included. Airfares to some destinations are additional to holiday price.

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

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

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

PLEASE SIGN THE ABOVE AND RETURN WITH FORM