



Leisure Options

Great Holidays and Travel for People with Disabilities

INDIVIDUAL HOLIDAY APPLICATION FORM

**PLEASE
ATTACH
PHOTO**

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HOLIDAY BOOKING SERVICE AND TRAVEL COMPANIONS

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

Use this form if you would like Leisure Options to plan a specific holiday for you or your group.

Leisure Options is a licensed travel agent and a member of the Travel Compensation Fund. Leisure Options specializes 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 \$180.00 for up to 3 hours of planning.

This form will assist Leisure Options Staff to develop your personalized 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
- The sort of travel companion you would like (if applicable)

Then fill out the sections relevant to you:

- About you
- Proposed holiday and travel plans
- Travel Companion information

Section 1 - Proposed holiday/s and travel plans

Destination

Itinerary Outline:

Detail the major places you wish to visit and/or activities you wish to participate in. These details will enable us to develop your personal itinerary. Attach any relevant brochures or information, web sites or any other information that you have regarding your plans.

Proposed dates for holiday

Approximate departure date ____/____/____ Return date ____/____/____ OR
Month _____ Year _____

Others who will be travelling with you:

Names of any individuals who will be accompanying you on this trip- (please ensure the names are spelt correctly and as written on passports or other documents)

Purpose of Holiday:

Fun, I just love to travel

Family Reunion

Sightseeing

Health/ relaxation

Special occasion, eg. Wedding

Adventure

I just need a break!

Holiday Package/ Brochure:

Is there a package you would like to go on? If you have the name of the package/tour please provide details:

Transport

Primary Mode of Transport:

Air Sea Train Bus Car Cruise

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 please supply:

Airline_____ 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

Other (please specify)_____

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

Yes No

Accommodation

Preferred 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

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 2- Travel Companion Information

Choice of your holiday companion:

Would you prefer 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	Medium	High
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.




About You			
Surname:		Given Names:	
Preferred name:		Date of Birth:	Male/Female
Height (cm):	Weight (kg):	Hair Colour:	Eye Colour:
Distinguishing Features:			




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

My diagnosed condition: _____

Where You Live		
Address:		Post Code:
 Home:	 Mobile:	 Fax:
Email (personal or house):		
Companion Card Number & Expiry Date:		
I live in: <input type="checkbox"/> Family home <input type="checkbox"/> Hostel <input type="checkbox"/> CRU <input type="checkbox"/> By myself <input type="checkbox"/> Other:		

Parent/Guardian/Next of Kin	
Name	Relationship to you:
Address:	Post Code:
 Day:	 Evening:
 Mobile:	
Email:	

Emergency Contact (24 hour contact details)		
Name:	Relationship:	
 Day:	 Evening:	 Mobile:

Filling in this form		
Name of person completing this form on your behalf:		
Relationship to you:		Date: ___/___/___
 Day:	 Evening:	 Mobile:

Other Relevant Contacts – please supply name and contact details

State Trustees Administrator: _____ Telephone: _____

TAC Administrator: _____ Telephone: _____

Financial Administrator: _____ Telephone: _____

Other: _____ Telephone: _____

Leisure Interests

	😊 Enjoy	😞 Do not enjoy	😐 Not sure
Air Travel			
Animals/Farm Activities			
Art & Craft			
Beach			
Boat Trips			
Bowling			
Bus Travel			
Bushwalking			
Cricket			
Dancing			
Film/Cinema			
Football			
What football team?			

	😊 Enjoy	😞 Do not enjoy	😐 Not sure
Fishing			
Joy Flights			
Theatre/concerts			
Motorbike Rides			
Music			
Pampering Activities			
Restaurants			
Relaxing			
Shopping			
Swimming			
Touring/Sightseeing			
Train Travel			
Wildlife Park/ Zoo			

Are there any other leisure activities you enjoy? _____

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.


General Information

	Yes (Give details)	No
Do you smoke?		
Do you drink alcohol?		
Are you capable of independently & safely preparing hot drinks?		
Do you want staff to look after your spending money?		

Have you been on a holiday before? Yes No With Leisure Options? Yes No
 With another agency? Yes No With family/friends? Yes No


Medical Information

GP name and address:

 Surgery:

 Emergency:

Specialist doctor name:

 Surgery:

 Emergency:

Medical History Quick Reference Check

	No	Yes
Aggressive behaviour		
Allergies		
Asthma		
Blackouts		
Depression		
Diabetes		
Dizzy spells		
Fits of any type		
Forgetfulness/dementia		
Hearing difficulties		

	No	Yes
Heart Condition		
Incontinence		
Migraine / Headache		
Physical Impairment		
Psychological Condition		
Sleep Walking		
Speech difficulties		
Substance Abuse		
Travel Sickness		
Visual difficulties		

See Page 12

If you have answered yes to any of the above or you have other medical conditions, please give details in the box below. If you have epilepsy please ensure you inform us of the types of seizures, possible triggers, frequency and medical response required.

Additional Medical Information *(continue on separate sheet if required)*

Health Cover

Pension Number:

Medicare number:

Do you have Ambulance cover?

Yes

No

Member Number:

Do you have private health cover?

Yes

No

Provider:

Member No:

Epilepsy

Do you experience epileptic seizures: Yes No

Type of seizures:

Possible triggers:

Frequency:

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

Methods of recording:

Medical Check

How frequently do you have a medical check? _____

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:

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)
Showering					
Washing Hair					
Shaving					
Cleaning teeth					
Toilet					
Menstrual					
Dressing					
Choosing					
Cutting Food					
Eating					
Drinking					

Continence

	At all times	Overnight	Long journeys	Kylies	Other (o/n bottle, catheter etc)
Continence Aids					

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 most holidays –let us know if you think this will be a problem.

.....

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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 mobility difficulty or use mobility aids Yes No

Can you manage stairs? Yes No With assistance

Do you require assistance with stairs and/or escalators? Yes No

	No	At all times	For long distances
Manual Wheelchair (Assisted Manoeuvring)			
Manual Wheelchair (Self Propelling)			
	No	Yes	
Electric Wheelchair			
Electric Scooter			

	No	Yes	Battery	Please tick
			Dry (Gel)	
			Wet - spillable	
			Wet – non spillable	

	No	Yes
Walking Frame		
Walking Cane		

Please state dimensions in adjusted or disassembled state and weight of mobility aid
This information is required for flights and other transport

Height:..... Width:..... Length:..... Weight:.....

Can you weight bear to transfer to and from your wheelchair?

	Yes	No	With Support (Give details)
Into a chair?			
To the toilet?			
Into a car seat?			
Into a bus?			
Into an aircraft seat?			
Into bed?			

Do you require special restraints/harness to support you whilst in a regular chair/airplane seat/bus/bed?

Yes No

If Yes, please supply details: _____

Do you prefer to use a hoist for transferring? Yes No

Do you have a personal sling or hoist attachment? Yes No

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:

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			

Social and Personal Skills

Do you have difficulties with any of the following?

	No	Yes (Give details)
A full day of community based activities		
Absconding during community activities		
Air Travel		
Confined Spaces		
Crowds		
Dining in restaurants with appropriate social skills		
Heights		
Interacting with adults/peers		
Interacting with animals		
Interacting with children		
Noisy Environments		
Opposite sex interactions		
Same sex interactions		
Road safety awareness		
Public areas (shopping centre, theme park etc)		
Water based activities		

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

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

What category holidays do you think you would be best suited/prefer to go on? (tick as many as appropriate)

Independent General Relaxed Pace Extra Assistance Physical Disability Older Adults

Dietary Support

Do you have any special dietary requirements? No Yes Specify: _____

Please attach a detailed list of foods you cannot eat.

What are your favorite foods? _____

What are your favorite drinks? _____

What foods/drinks do you dislike? _____

How do you have you're:

Coffee	
Tea	
Other	

Describe the best methods to assist you at meal times, (eg. Independent, Full Assistance, Use of equipment etc)

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

Communication

	Details
Verbal Speech English	
Verbal Speech (Language Other than English)	
Non Verbal	
Signing, Compic, Makaton etc	
Other eg. communication book	

Note: If communication aids are used please ensure they are sent on all holidays. We need to know all basic communications, eg; Yes, No, Toilet, Drink etc

Please attach any further important information about communication if relevant.

Tick if you have attached further information about communication.

Behavioural Support and Challenging Behaviour

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

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

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

Behaviour	Possible Triggers	Suggested strategies/strategies currently used
Verbal issues towards self		
Verbal issues towards others		
Physical issues towards self		
Physical Issues towards others		
Inappropriate sexual behavior towards self		
Inappropriate sexual behavior 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.

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

HOLIDAY BOOKING TERMS CONDITIONS

Name: _____

Departure Date: _____

Holiday: _____

Tour Code: _____

OUR RESPONSIBILITIES

1. HOLIDAY REGISTRATION

On receipt of your deposit, **\$300 per person for Victorian Holidays and \$800 per person for interstate and international Holidays**, Leisure Options will reserve a place on your selected holiday.

2. HOLIDAY CHANGE AND/OR CANCELLATION

2.1. Leisure Options will endeavour to run all tours as published in the brochure

2.2. Leisure Options reserves the right to:

- alter or modify itineraries as deemed necessary
- alter tour costs as necessary
- cancel a tour if minimum participant numbers are not met

2.3. Should change or cancellation be deemed necessary Leisure Options will give all participants reasonable notice thereof, and where available, offer a comparable alternative

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

3. HOLIDAY DETAILS AND CONDITIONS

The information and pricing contained in the brochure, and on the Leisure Options website, is correct to the best of our knowledge at the time of going to print. We cannot guarantee that any item or amenity mentioned will be available, especially where we have no direct control over it.

4. RESPONSIBILITY

All travel arrangements are made on the client's behalf upon the express condition that neither Leisure Options nor its owner or staff shall be liable or responsible for any negligent or wilful act or failure to act of any third party which are to, or do supply, any goods or services for any trip.

5. RELEASE OF LIABILITY

In consideration of the services and arrangements provided by Leisure Options, I do hereby release, waive, discharge, hold harmless and agree to indemnify Leisure Options from any and all claims, actions, or losses for bodily injury, property damage or otherwise which may arise out of or occur during my travel in connection with the scheduled holiday and any activities conducted in conjunction therewith. Regardless of the situation or circumstances giving rise to a claim, I waive any right to seek consequential, punitive or exemplary damages against Leisure Options Pty Ltd. Travel Companions, leaders or staff.

YOUR RESPONSIBILITIES

1. BOOKING YOUR HOLIDAY

To make a booking you must send us either a signed and completed Holiday Application Form, or Holiday Form update, and a deposit of **\$300 per person for Victorian Holidays and \$800 per person for interstate and international Holidays**. The deposit must be received within 14 days of making the booking or immediately if departure is within 60 days for an Australian holiday or 90 days for International holidays.

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 Invoice issued to you by Leisure Options, or immediately if departing within 30 days. Some holidays may require an earlier full payment

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.

3. IF YOU CANCEL

Cancellation charges do apply if a participant or their representative cancels their holiday. Notice of

cancellation must be in writing to Leisure Options. Cancellation fees are in addition to any payments made or owed to a third party, other operator or service. (eg. airlines, accommodation)

Cancellation fees are:

Domestic Holidays

60 days or more prior to travel-Loss of deposit
31-59 days prior to travel-50% of total cost
0-30 days prior to travel-100% of total cost

International Holidays

120 days or more prior to travel-Loss of deposit
91-119 days prior to travel-50% of total cost
0-90 days prior to travel-100% of total cost

4. TRAVEL INSURANCE

- 4.1. Leisure options recommends that all participants take out adequate comprehensive Travel Insurance to cover for cancellation, medical expenses, personal accident, personal baggage, money and public liability. This should be arranged through Leisure Options at the time of payment of the deposit.
- 4.2. Travel Insurance does not cover failure to be at the departure point on time, cancellation due to the holiday participant changing their mind, and cancelling due to illness related to a pre existing condition. There is special insurance cover (at an extra cost) related to pre existing medical conditions, and this is accepted at the discretion of the insurance company.

5. HOLIDAY CONDITIONS

- 5.1. Leisure Options reserves the right to withdraw holiday participation from anyone whose behaviour is likely to effect 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.
- 5.2. If a participant needs to be sent home early, the participant or guardian will bear the full cost of the participants return, including staff costs, transport, accommodation and all other support costs. A holiday participant is liable for any damage to property or persons they may cause.
- 5.3. Leisure Options reserves the right to use holiday photos or videos in any promotional material unless requested otherwise by the participant or their representative in writing.
- 5.4. The following is included in the holiday price:
 - All meals
 - Accommodation
 - Entry fees to tourist venues
 - Transport throughout the duration of the holiday as per itinerary
 - Staff support as specified
 - A souvenir photo album from the holiday
- 5.5. The following is **NOT** included in the holiday price:
 - Participant spending money
 - Transfers to and from departure and drop off points (unless specified)
 - Passport and visa fees
 - Airfares (unless specified)
 - Items of personal nature such as laundry, toiletries, postage, telephone calls, excess baggage charges, medical or first aid supplies, wheelchair or equipment rentals, personal and travel insurance, morning/afternoon tea and drinks.

I/We have read and understood the above Leisure Options Holiday booking conditions and **I/We** agree with the stated terms and conditions. **I/We** have been offered travel insurance and have:

Accepted travel insurance Declined travel insurance Have alternate travel insurance arrangements

Guardian/Carer: Name: _____ Signature: _____ Date: _____

Participant: Name: _____ Signature: _____ Date: _____