



# Country Escapes 2012 Application Form

These programs offer support on a 1:4 or 1:3 ratio. Please indicate your program selection(s) in order of preference from 1 to 4.

| Preference               | 2012 Dates              | Country Escape Activities | Cost (1:4/1:3) |
|--------------------------|-------------------------|---------------------------|----------------|
| <input type="checkbox"/> | Tue 2 Apr – Fri 5 Apr   | Farmstay Escape           | \$610/\$650    |
| <input type="checkbox"/> | Tue 8 May – Fri 11 May  | Moore River Escape        | \$550/\$590    |
| <input type="checkbox"/> | Tue 22 May – Fri 25 May | Swan Valley Escape        | \$680/\$725    |
| <input type="checkbox"/> | Tue 12 Jun – Fri 15 Jun | South West Escape         | \$610/\$650    |
| <input type="checkbox"/> | Tue 17 Jul – Fri 20 Jul | Ladies Escape             | \$590/\$625    |
| <input type="checkbox"/> | Tue 7 Aug – Fri 10 Aug  | City Adventure            | \$530/\$560    |
| <input type="checkbox"/> | Tue 11 Sep – Fri 14 Sep | The Hills Escape          | \$540/\$570    |

How many Country Escapes do you wish to attend? Please tick:  1  2  3  4

Please note:

- To attend any of these programs you must be able to access a 12-seater bus. These vehicles are not wheelchair accessible.
- Sending in an application does not guarantee you a place on the program.

## Applicant Details

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Male  Female  DOB: \_\_\_\_\_

Companion Card No: \_\_\_\_\_ Expiry: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Residential Address: \_\_\_\_\_ P/Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ P/Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Support Person's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

## Emergency Contact Person(s) (Must be 24-hours)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Wk): \_\_\_\_\_ Phone (Hm): \_\_\_\_\_ Phone (Mob): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Wk): \_\_\_\_\_ Phone (Hm): \_\_\_\_\_ Phone (Mob): \_\_\_\_\_

## Medication Advice

Do you require support with medication administration?

Independent  Require assistance

Do you use a Webster/blister pack for your medication?

Yes  No

| Medication/Treatment | Reason | Dosage | Frequency |
|----------------------|--------|--------|-----------|
|                      |        |        |           |
|                      |        |        |           |
|                      |        |        |           |
|                      |        |        |           |

Any other information (e.g. let us know if you have a friend on the holiday and you would like to be grouped together)

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## Consent

I consent to (participant name) \_\_\_\_\_ attending this program. I agree that I/he/she will be subject to the requirements and regulations of the programs being conducted by Activ™ Recreation.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

and/or

Signature of Parent/Guardian/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

## Please note

To attend any Activ™ Recreation program you must complete a Service User Information Form including the Water and Boating Consent form. Service User Information Forms are available from Activ™ Recreation. The information contained in the forms is of great importance in order for us to provide adequate support whilst you are in our care.

Please *do not* send any payments with this application form. When the program placements have been made you will be sent an acceptance letter advising payment details.

Please return your application form to:



**Activ™ Recreation**  
25 Ewing Street, Bentley, WA 6102  
Phone: (08) 9258 4711 Facsimile: (08) 9258 4755