



# Travel Program 2012 Application Form

This program offers support ratios from 1:1 to 1:4. Please indicate selections in order of preference from 1 to 4.

Pref	2012 Dates	Destination	Pref	2012 Dates	Destination
<input type="checkbox"/>	10 Feb – 15 Feb	Albany & Walpole	<input type="checkbox"/>	27 Jul – 3 Aug	Adelaide & Murray River
<input type="checkbox"/>	21 Feb – 1 Mar	Tasmania	<input type="checkbox"/>	21 Aug – 27 Aug	Kalbarri & Geraldton
<input type="checkbox"/>	12 Mar – 16 Mar	Dunsborough	<input type="checkbox"/>	25 Aug – 6 Sep	Indonesian Adventure Cruise
<input type="checkbox"/>	22 Mar – 29 Mar	Esperance & Hyden	<input type="checkbox"/>	11 Sep – 18 Sep	Cairns
<input type="checkbox"/>	11 Apr – 18 Apr	Melbourne	<input type="checkbox"/>	25 Sep – 3 Oct	Sunset Sojourn Cruise
<input type="checkbox"/>	25 Apr – 3 May	Sydney & Canberra	<input type="checkbox"/>	16 Oct – 24 Oct	Hong Kong
<input type="checkbox"/>	3 May – 11 May	Monkey Mia & Kalbarri	<input type="checkbox"/>	Oct 2012	Gold Coast V8 Supercars
<input type="checkbox"/>	15 May – 31 May	UK & Paris	<input type="checkbox"/>	25 Oct – 31 Oct	Dunsborough & Karri Valley
<input type="checkbox"/>	6 Jun – 12 Jun	Broome	<input type="checkbox"/>	12 Nov – 16 Nov	Busselton 1
<input type="checkbox"/>	19 Jun – 27 Jun	Gold Coast	<input type="checkbox"/>	20 Nov – 30 Nov	New Zealand South Island
<input type="checkbox"/>	30 Jun – 7 Jul	Phuket	<input type="checkbox"/>	3 Dec – 7 Dec	Busselton 2
<input type="checkbox"/>	10 Jul – 18 Jul	Sunshine & Gold Coast	<input type="checkbox"/>	18 Jan – 27 Jan 2013	Tamworth Music Festival
			<input type="checkbox"/>	Expression of Interest 2013	LA, Las Vegas & Mexico

How many programs would you like to attend? Please tick:

 1

 2

 3

 4

Please note:

- 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**  
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