

BAY CONNECTION BUS TRIPS APPLICATION FORM



Office Use

RM Number:

Date:

Applicant Details

Name:

Date of Birth:

Age:

Male

Female

Country of Birth:

Address:

Suburb:

Post Code:

Phone:

Emergency Contacts: Please supply the names and contact details of two people that we could contact in an emergency situation. These people would not be contacted in any other situation without your consent.

First:

Name:

Phone: (h):

Phone: (w):

Phone: (m)

Relationship:

Second:

Name:

Phone: (h):

Phone: (w):

Phone: (m)

Relationship:

Doctor and Chemist Details: In the case of an emergency these details would be passed on to ambulance/hospital personnel.

Doctor:

Name:

Phone:

Chemist:

Name:

Phone:

Health Status: Do you have any health problems that we should know about?

Current Medication:

Mobility: Please tick the most appropriate:

I am able to walk unaided	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I am able to get on/off the bus unaided	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I can use the stairs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I can only walk limited distances	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I use a walking stick	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I use a walking frame	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I use a wheelchair	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Vision:

I wear glasses	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I use a cane as a visual aid	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I am legally vision impaired/blind	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Hearing:

I have some difficulties hearing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I wear a hearing aid	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Do you have any special requirements that we should be made aware of?

Do you have any dietary restrictions?

Other Information:

Language spoken at home:

Are you able to understand/speak English? Yes No

Do you live with? Spouse/Partner Alone With Family With others

Do you live with a carer? Yes No

If yes, does your carer attend outings? Yes No

Carer's Name :

Carer's Address:

Carer's Phone:

Are you involved in any other organised 'outings'? Yes No

If yes, with which organisation and how often?

Is there any further information you wish to provide?

Identification

The bus trip program visits various venues for lunch. It is a requirement when entering all licensed premises that all patrons show identification which states their full name and address.

Please indicate which form of ID you hold:

<input type="checkbox"/>	Pension Card	<input type="checkbox"/>	Driver's Licence	<input type="checkbox"/>	Other:	<input type="text"/>
<input type="checkbox"/>	None (please discuss with Coordinator)					

We recommend that clients without any form of ID obtain a Photo ID card from Roads and Maritime Services (RMS).

Declaration

Please read, complete and sign below:

I, (full name) participate in these activities at my own risk.

I hereby indemnify and release City of Canada Bay Council, its employees and volunteers from all liability for injury, loss or damage connected with my participation in these activities.

I consent to receiving any medical treatment that Council staff consider desirable during or directly after the activity, and I affirm that all medical information relevant to my participation in these activities has been supplied.

Applicant Signature:	<input type="text"/>	Date:	<input type="text"/>
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Lodgement of form options

Street Address:	City of Canada Bay Civic Centre 1A Marlborough Street, Drummoyne, NSW 2047	Email:	council@canadabay.nsw.gov.au
Postal Address:	Locked Bag 1470 Drummoyne NSW 1470	Contact:	02 9911 6555
		Website:	www.canadabay.nsw.gov.au