

ACTIVE ADULTS BUS TRIPS APPLICATION FORM



Personal Details

Name:

Date of Birth: Age: Female: Male:

Country of Birth:

Address:

Suburb: Post Code:

Phone:

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

Current Medication:

Mobility: Please tick the most applicable.

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 comfortably use the stairs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I can comfortably walk 2km or more	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I can only walk limited distances, e.g. less than 500 metres	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 am able to travel independently to the trip pick up location	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

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

If yes, with which organisation and how often?

Emergency Contacts: Please supply the names and contact details of two people that we could contact in an emergency. 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:

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:

Pension Card	<input type="checkbox"/>	Drivers Licence	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	None (please discuss with Coordinator)	<input type="checkbox"/>
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We recommend that clients without any form of ID obtain a Photo ID card from Roads and Maritime Services (RMS).

Please read, complete and sign below:

I 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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Please return form to:

Street Address: Community Life
City of Canada Bay Civic Centre
1A Marlborough Street,
Drummoyne NSW 2047

Postal Address: City of Canada Bay
Locked Bag 1470,
Drummoyne NSW 1470

Website: www.canadabay.nsw.gov.au
Email: council@canadabay.nsw.gov.au
Telephone: 02 9911 6555
Fax: 02 9911 6550