

Membership Form

PO Box 4087
Kingsway West NSW 2208
Phone: 0488 83 ABLE (2253)

Email: in-fo@beyondabilities.org.au
Web: www.beyondabilities.org.au



Please complete this membership form to become a member and gain access to any of our programs, tours or events at Beyond Abilities Pty. Ltd.

When completing this form, please ensure the terms and conditions are printed and signed together with this membership form.

Membership is free and gives you access to Beyond Abilities Pty. Ltd. services, programs, tours and events. Thank you for your co-operation and we hope you enjoy your program, tour or event at Beyond Abilities Pty. Ltd.

About You - Guest Details

Mr / Mrs / Miss / Ms Full Name: _____ Preferred Name: _____
Address: _____ Suburb: _____
State: _____ Post Code: _____ Telephone: _____ Mobile: _____
Date Of Birth: _____ Email Address: _____
Medicare Number: _____ Expiry: _____ Position on card: _____
Pension Number: _____ Companion Card Number _____ Expiry: _____
Private Health Fund Name: _____ Number: _____ Ambulance Cover: Yes / No
Passport Number: _____ Expiry Date: _____
Hair Colour: _____ Eye Colour: _____ Height (cm): _____ Weight (Kg): _____

Parent / Guardian / Next of Kin

Mr / Mrs / Miss / Ms Full Name: _____ Relationship to you: _____
Address: _____ Suburb: _____
State: _____ Post Code: _____ Telephone: _____ Mobile: _____
Email Address: _____

Person completing this form on your behalf

Please tick if same as Parent / Guardian / Next of Kin information

Mr / Mrs / Miss / Ms Full Name: _____ Relationship to you: _____
Organisation _____ Manager of House / Organisation: _____
Day: _____ Telephone Night: _____ Mobile: _____
Are you the person to contact in case of an emergency? : Yes / No

Emergency Contact (24 Hour Contact Details)

Mr / Mrs / Miss / Ms Full Name: _____ Relationship to you: _____
Day: _____ Evening: _____ Mobile: _____

General Information

Do you smoke? Yes / No If yes, are you able to go for extended lengths of time without having a smoke? Yes / No

Do you drink alcohol? Yes / No If yes, do you take any medication that should not be mixed with alcohol? Yes / no

Do you have any dietary requirements or intolerances? Yes / No

Please explain _____

Health & Medical Information

General Practitioner Name: _____

📞 Surgery: _____ 📞 After Hours: _____

Specialist Doctor Name: _____

📞 Surgery: _____ 📞 After Hours: _____

Is your disability a (tick all that apply): Mild Intellectual Disability Moderate Intellectual Disability

Severe Intellectual Disability Acquired Brain Injury Mental Health (specify) : _____

Vision Impairment Hearing Impairment Speech Impairment

Physical Disability (specify) : _____

Mobility Aids (if required): _____

Other relevant information about your disability: _____

Medication

Do you take any medication? Yes / No

Please list the full name, purpose of the medication and dosage of each medication below.

Medication	Purpose	Dosage

Do you require Beyond Abilities staff to look after your medication? Yes / No

An updated list of all current medication must be provided to Beyond Abilities Pty. Ltd. prior to attending any programs, tours or events.

Epilepsy

Does the applicant experience epileptic seizures: Yes / No

Seizure type: _____
 (including normal _____
 seizure lengths) _____

Possible Triggers _____

Frequency _____

Methods of recording _____

Medical response (waiting period until an ambulance called?) _____

Please attached your Epilepsy Management Plan.

Do you suffer from any of the following?

Activity	No	Yes	Specify (If applicable)
Allergies e.g. food, medication, drugs, stings			
Any Phobias			
Asthma			
Blackouts			
Communicable or Infections Disease (ie: HIV)			
Diabetes (Type 1 or Type 2)			
Dizzy Spells / Migraines / Headaches			
Forgetfulness / Dementia			
Heart Conditions (ie: Angina, High Blood Pressure)			
Incontinence (If yes, a full plastic mattress protector must be sent on overnight programs, tours or events)			
Sleep Disorders (ie: Apnoea, Sleep Walking)			
Travel or Motion Sickness			

Behavioural Support

Does the applicant exhibit challenging behaviour? Yes / No

IMPORTANT: Please attach an updated Behaviour Management Plan (if applicable), including the type of behaviour, triggers and management strategy.

Support Requirements

Please circle your support requirement

What staff ratio would be applicable in the community? 1 :1 1:2 1:4 1:6

Low	Medium	High
Companionship, reassurance, assistance with organisation and luggage, minimal physical assistance.	Companionship, assistance with organisation and luggage, minimal personal care / prompting.	Companionship, medical support required administration or injections, monitoring or medical condition e.g. Severe respiratory or other disorder. Higher level of personal care and assistance with any of the following— mobility, eating, toilet, communication.

Communication, Social & Behavioural Support

Do you exhibit challenging or aggressive behaviour? Yes / No

Activity	Assist	Prompt	Prompt & Check	No Assistance	Specify (If applicable)
Absconding					
Brushing Teeth					
Buying food / goods					
Cutting food					
Choosing clothes					
Appropriate public dining social skills					
Dressing					
Drinking fluids					
Interacting with adults/peers					
Interacting with animals					
Interacting with children					
Medication assistance					
Menstrual assistance					
Opposite gender interactions					
Packing clothes / bag					
Same gender interaction					
Shaving (An electric shaver is required, if you need assistance with shaving)					
Showering / Washing Hair					
Toileting					
Water Based Activities					

Does the applicant have difficulty with the following:

Please tick the correct answer

Activity	No	Yes (Please specify triggers and strategies where applicable)
Full day of activities e.g. Walking, rides, hiking		
Confined spaces		
Crowds		
Heights		
Noisy environments		
Public areas (ie: shopping centre, theme parks)		
Using stairs		
Verbal Interactions		
Physical Interactions		
Fitness and walking for several hours on and off?		
Walking up and down stairs		
Air Travel		
Swimming		
Reading and Writing		

Is the applicant aware of the dangers of the following:

Please tick the correct answer

	No	Yes (Specify)
Beaches		
Heights		
Pools		
Roads		
Strangers		

Photography and Filming

At any of our programs, tours or events there may be filming and photography to record memories for participants, training for staff and/or for marketing purposes. Our programs, tours or events and any participant attending our programs, tours or events may be filmed, photographed and/or recorded.

By attending a program, tour or event at Beyond Abilities:

1. You acknowledge that you have been informed that you may be photographed and/or filmed and/or recorded and you give your irrevocable permission to be photographed and/or filmed and/or recorded.
2. You grant your irrevocable permission for your likeness, mannerisms and/or voice to be included in any content for such filming, photographs and/or recording (and edited) without compensation and/or credit, which content may be communicated and/or exploited in any and all media worldwide, whether existing or later invented, in all perpetuity.

If you are attending any of our programs, tours or events and do have any objection please contact us immediately at: info@beyondabilities.org.au or on 0488 83 ABLE (2253).

Terms and Conditions

Membership Acceptance

Beyond Abilities Pty. Ltd. are required to collect your Personal Information in order to process your Membership and to communicate with you about your Membership. All areas in this application must be completed to successfully process your membership. If the minimum amount is not collected we may not be able to accept your application.

Membership acceptance will be made in writing to the applicant via email (if email is provided) or post.

Cancellation of Memberships

Beyond Abilities Pty. Ltd. reserves the right to refuse or withdraw any memberships where the applicant provides false or misleading booking information that may negatively impact on the participation, experience, safety or enjoyment of another member, staff member or member of the community.

A Beyond Abilities Pty. Ltd. membership may be cancelled by the member at any time in writing.

Privacy and Promotions

Beyond Abilities Pty. Ltd. does not and will not share any of your information with any third party.

Unless the Member advises Beyond Abilities Pty. Ltd. otherwise, the member consents to us contacting them by email, text message, phone or post to inform them about any promotions, specials, new services, programs, tours or events offered by Beyond Abilities Pty. Ltd.

The member may unsubscribe from our mail out list at any time by contacting Beyond Abilities Pty. Ltd. at: info@beyondabilities.org.au or on 0488 83 ABL (2253).

- I give my consent to Beyond Abilities Pty. Ltd. sending promotional material to me via email (where possible) or via post.
- I DO NOT give consent to Beyond Abilities Pty. Ltd. sending promotional material to me.

Agreement

I, the undersigned agree to the above Booking Terms and Conditions. I acknowledge the risk, requirements and responsibilities of both parties and will not hold Beyond Abilities Pty. Ltd. liable for any and all claims, actions or losses for bodily injury, property damage or otherwise which may arise from my participation in any Beyond Abilities Pty. Ltd. Programs, tours or events.

Print Name: _____

Signed: _____

Date: _____