



RECREATION ACCESS PROGRAM (RAP) – Participant Information form

The following form must be completed by all participants regardless of their previous involvement with the Moreland Council RAP. The information will be completely confidential and used only by the RAP coordinator and leaders for the purposes of the program. The form can be completed by the participant or if assistance is required, in conjunction with a primary carer/family member.

Please complete all sections and return to Chris Arena by any of the following:

Email: chris.arena@ymca.org.au

Post: Coburg Leisure Centre – Bridges Reserve, Bell St, Coburg, 3058

Fax: Attn Chris Arena (03) 9354 8062

If you do receive confirmation of receipt within 2 days please call Chris on (03) 9358 3504 to confirm.

Personal Details

Name: _____

Gender: ____ DOB: _____

Address: _____

Phone: _____ Email: _____

Participant information

For the following sections please tick or cross the appropriate box

1. Are you registered with Department of Human Services (DHS)?

Yes No

2. Who is completing this form?

Applicant Family Carer Other (specify) _____

3. Where do you live

Home with Family On your Own With Friends CRU

Please note: The Active Moreland RAP program will take participants who do not live in CRU's as a priority.

4. What is the main language spoken at home? (i.e. in the family home)

English Other (specify) _____



Current Activities and Interests

5. What sport & recreation activities (if any) do you currently participate in?

6. If given the opportunity, what other sport & recreation or leisure activities would you like to be involved in?

Participant needs

The following information is to determine whether we can safely and effectively cater for your needs on the program. This information will determine your suitability to attend certain activities and the program overall. The aim of this is not to exclude people but to determine if this program in particular is a good fit for you and will allow you to be safe and enjoy the program.

7. Do you require assistance with mobility?

Yes No If yes what assistance is required?

8. Which best describes your communication?

Verbal Non Verbal

9. Do you use any of the following communication aids?

Communication Board Makaton/Signing Electronic Aids

Other (specify) _____



10. Please indicate your physical care needs for each of the following:

Meals

- Independent Some supervision needed
 Some assistance Needed Full Assistance Needed

Clothing

- Independent Some supervision needed
 Some assistance Needed Full Assistance Needed

Showering

- Independent Some supervision needed
 Some assistance Needed Full Assistance Needed

Grooming

- Independent Some supervision needed
 Some assistance Needed Full Assistance Needed

Toilet Assistance

- Independent Some supervision needed
 Some assistance Needed Full Assistance Needed

Any other information on physical care needs

11. Please indicate below any behavioural information (problems, triggers etc) that we need to be aware of.



Medical information

12. Please complete the following section on medical needs. This information is required to ensure we have the most up to date information if needed in an emergency.

Name of Participants Doctor: _____ Phone: _____

Medicare Number: _____ Health Insurance: Yes No

Health Insurance Fund name (if ticked yes): _____

Ambulance Cover: Yes No

Most recent tetanus vaccination _____ years ago

Epilepsy: Yes No

Allergies if any:

Dietary requirements if any:

Any other relevant medical information:

Do you require assistance with medication

Independent Assistance Needed

Note: If participant will be bringing medication, regardless of whether it will be self-administered or assistance is required you must complete the separate medication record form.

If you require assistance with medication this will need to be discussed with the coordinator. Participants with high medication assistance needs may not be accepted onto the program as our staff will not have the relevant training to assist.

Emergency Details



Emergency contacts should be people who are able to be contacted during the program and if need be travel to activity sites to collect participants

First Emergency Contact Name: _____

Relationship: _____

Address: _____

Phone (w): _____ Phone (h): _____ Mobile: _____

Second Emergency Contact Name: _____

Relationship: _____

Address: _____

Phone (w): _____ Phone (h): _____

Mobile: _____

Other information

13. Photo consent – Do you give consent for your photograph to be taken on the program? **Note:** Group Photos will be taken by staff for the purposes of identifying participants each program. These and Other photos may be used for the purposes of promotion of the program, news stories and reports.

Yes No

14. How will the participant arrive at and depart from the pick up point?

Dropped off/picked up Public Transport Drive themselves Taxi

15. Is the participant allowed to depart Coburg Leisure Centre at the end of the program unsupervised?

Yes No

16. Any other relevant information or comments relating to the program

Please complete all sections and return to Chris Arena by any of the following:

Email: chris.arena@ymca.org.au

Post: Coburg Leisure Centre – Bridges Reserve, Bell St, Coburg, 3058

Fax: Attn Chris Arena (03) 9354 8062

If you do receive confirmation of receipt within 2 days please call Chris on (03) 9358 3504 to confirm.