



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 Louisa Caldwell by any of the following:

Email: Louisa.caldwell@ymca.org.au

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

If you do not receive confirmation of receipt within 2 days please call Louisa on (03) 9354 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

Assistance with Medication

- Independent Assistance Needed

Note: Please complete separate RAP medical information form.

Any other information on physical care needs



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

12. Emergency Details

First Emergency Contact Name: _____

Relationship: _____

Address: _____

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

Second Emergency Contact Name: _____

Relationship: _____

Address: _____

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

13. Any other relevant information or comments

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