

# HACC Registration and Indemnity Form

Please tick which program/s you would like to register for:

- Mirrabooka Cottage, Ocean Grove Camp: 26<sup>th</sup> September- 28<sup>th</sup> September 2016.
- YMCA Anglesea Camp: 4<sup>th</sup> January - 6<sup>th</sup> January, 2017.
- YMCA Lady Northcote Camp: 10<sup>th</sup> April – 12<sup>th</sup> April, 2017.
  
- Ten Pin Bowling Program: 7<sup>th</sup> October 2016 - 25<sup>th</sup> November, 2016 (8 Weeks)
  
- Sting & Ray Centre Frankston: 19<sup>th</sup> September, 2016
- Arts & Craft day @ Interact: 21<sup>st</sup> September, 2016
- Movies @ Village Cinemas Werribee & Lunch at Food Court: 23<sup>rd</sup> September, 2016
- Funfields Park, Whittlesea: 21<sup>st</sup> December, 2016
- Collingwood Children's Farm & Abbotsford Convent: 22<sup>nd</sup> December 2016
- Willimastwon Ferry & Botanical Gardens: 9<sup>th</sup> January, 2017
- Cooking Day @ Interact: 11<sup>th</sup> January, 2017
- Kryal Castle & Picnic Lunch: 13<sup>th</sup> January, 2017
- Eureka Tower & National Gallery: 3<sup>rd</sup> April, 2017
- Bellarine Adventure Golf: 5<sup>th</sup> April, 2017

Participant Information	Carers Details
Given Name	Given Name
Surname	Surname
Sex	Sex
Date of Birth	Date of Birth
Address	Address
Phone:	Phone:
Email:	Email:
Country of Birth:	Country of Birth:
Are you Aboriginal or Torres Straight islanders?	Are you Aboriginal or Torres Straight islanders?
Disability Type:	Employment Status:
	Do you rent or own your home:
Cultural Considerations:	
Language Spoken at Home:	
Is an interpreter required:	
First Emergency Contact	Alternative Emergency Contact Details
Given Name	Given Name
Surname	Surname
Sex	Sex
Date of Birth	Date of Birth
Address	Address
Phone:	Phone:
Email:	Email:

## Medical Information

The *Victorian Information Privacy Act (2000)* and *Health Records Act (2001)* govern information privacy for Interact's Community Services Victoria. The *Victorian Information Privacy Act* covers personal information, other than health related information, held by Victorian public sector organisations. The *Information Privacy Act* established the Office of the Victorian Privacy Commissioner, an independent statutory office along the lines of the Ombudsman or Auditor-General. Interact is considered a health service provider, and therefore comes under the *Victorian Health Records Act*. For a health service provider **all** personal information collected about an individual while providing a health service is considered health information. This includes contact details, such as address and phone number of next of kin, account details such as debts owed or health insurance details or any other personal information collected by the organization. It also includes any physical, mental or psychological health (either prior or current conditions) information about the individual.

**Is the participant presently taking medication?**

Yes

No

**If yes will medication be required while at the activity?**

Yes

No

*If YES the person will require a signed treatment form from the doctor outlining all medications.*

*All medication will require to be in Webster packs with the correct information (name, dose, time)*

**Is the medication taken for behaviour modification?**

Yes

No

If Yes, Please provide details:

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Approx. date of last tetanus immunisation: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Health Ins Fund: \_\_\_\_\_ Member No: \_\_\_\_\_

Ambulance Cover: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Concession No: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name of family Doctor/Clinic: \_\_\_\_\_ Ph: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Ph: \_\_\_\_\_

Medical Conditions		Details
<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	Epilepsy	
<input type="checkbox"/>	Asthma	
<input type="checkbox"/>	Hearing/Vision impairment	
<input type="checkbox"/>	Heart	
<input type="checkbox"/>	Heart	

Medical Conditions		Details
<input type="checkbox"/>	Psychological	
<input type="checkbox"/>	Allergies (i.e.; food, medications, pollens, insect bites)	

Safety and Behaviours		Details
<input type="checkbox"/>	Running away	
<input type="checkbox"/>	Wandering	
<input type="checkbox"/>	Stranger danger	
<input type="checkbox"/>	Road safety	
<input type="checkbox"/>	Inappropriate Sexual behaviours	
<input type="checkbox"/>	Fire lighting / risk	
<input type="checkbox"/>	Aggressive towards others	
<input type="checkbox"/>	Property damage	
<input type="checkbox"/>	Other please specify	

Daily Living Skills		Details
<input type="checkbox"/>	Social / Reactions / Fears	
<input type="checkbox"/>	Communication CCC level	
<input type="checkbox"/>	Verbal/Signing	
<input type="checkbox"/>	Responds to Yes / No	
<input type="checkbox"/>	Communication aid	

<input type="checkbox"/>	Mobility / Aids	
<input type="checkbox"/>	Wheelchair	
<input type="checkbox"/>	Walks with assistance	
<input type="checkbox"/>	Falls risk	
<input type="checkbox"/>	Toilet Use	
<input type="checkbox"/>	Showering	
<input type="checkbox"/>	Bedtime needs	

**Please list any dietary needs:**

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**Is there any other information we need to know?**

*(E.g. doesn't like animals, doesn't like swimming, scared of heights, likes, dislikes, etc)*

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**ACTIVITY PHOTOGRAPHS ARE OFTEN TAKEN**

I consent for photographs of the participant to be taken. I understand that some of these may be used for marketing purposes by Interact Australia.

Yes       No

Signature: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_ Date: \_\_\_\_\_

**INDEMNITY & AUTHORISATION:**

Where it is impractical to communicate with me, I, the undersigned, authorise Interact Australia representative in charge of these activities to consent to the participant receiving such medical or surgical treatment or use of an ambulance as may be necessary. I also agree to bear the costs thereby incurred. Furthermore, I give consent to the participant to be a part of all activities involved on the program, some of which maybe water based. I approve of the above application in doing so agree that Interact Australia and its representatives, leaders , staff shall be released from and shall not incur any responsibility or liability whatsoever for any accident or injury to the participant or any damage to or loss of property of the participant.

Signature: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete this form and send it to us at either:**

[mmaldonado@interactaustralia.com.au](mailto:mmaldonado@interactaustralia.com.au)

Interact Australia  
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