

# ACTIVE ADULTS BUS TRIPS APPLICATION FORM



Office Use

RM Number:

Date:

## Applicant details

Name:

Date of Birth:

Age:

Male

Female

Country of Birth:

Address:

Suburb:

Postcode:

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

No

I am able to get on/off the bus unaided

Yes

No

I can comfortably use the stairs

Yes

No

I can comfortably walk 2km or more

Yes

No

I can only walk limited distances, e.g. less than 500 metres

Yes

No

I use a walking stick

Yes

No

I use a walking frame

Yes

No

I am able to travel independently to the trip pick up location

Yes

No

## 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  With others

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 situation. 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                       Drivers Licence                       Other:

None (please discuss with Coordinator)

We recommend that clients without any form of ID obtain a Photo ID card from Roads and Maritime Services (RMS).

### Declaration

Please read, complete and sign below:

I, (full name)  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:  Date:

### Lodgement of form options

Street Address:	City of Canada Bay Civic Centre 1A Marlborough Street, Drummoyne, NSW 2047	Email:	<a href="mailto:council@canadabay.nsw.gov.au">council @canadabay.nsw.gov.au</a>
Postal Address:	Locked Bag 1470 Drummoyne NSW 1470	Contact:	9911 6555
		Website:	<a href="http://www.canadabay.nsw.gov.au">www.canadabay.nsw.gov.au</a>