



Booking Application & Medical Requirements

Booking Request

Tour Name: _____

Tour Number: _____ Tour Price: \$ _____

Tour Dates: ____ / ____ / ____ to ____ / ____ / ____

Your city of departure: _____

Deposit: A deposit of \$450 is required in order for a booking to be confirmed and so further travel arrangements, such as flight bookings, can be made. Travel insurance should also be purchased at this time, should your circumstances change it could be expensive if you need to alter or cancel your holiday. **Insurance is not included in holiday price.**

Insurance: _____ \$ _____

(please detail policy type and include the filled out policy with this form or acknowledge your intention to decline insurance on the back page)

Deposit: **Full Payment:** \$ _____

Total included herewith: \$ _____

**** Please make cheques payable to Pipeline Pty. Ltd. ****
Postal Address: Po Box 8654, Gold Coast Mail Centre, QLD, 9726

Thank you for choosing a Pipeline holiday!

Pipeline holidays are operated in a group environment. They vary in pace and mobility requirements and also vary in the level of community interaction and time spent at events, attractions and day trips etc.

This application form helps us understand what your needs are so we can best assess if a particular holiday itinerary will be suitable for you. Our aim through the questions we ask is to do all possible to ensure your holiday experience, and that of all other guests, is an enjoyable, positive and safe one.

It is most important you take the time to answer **all** the questions on this form accurately, and that you acknowledge and accept the Medical Consent and Terms and Conditions on the back page, if you have any questions at all, please do not hesitate contacting us.

About You - Holiday Guest Details

Surname: _____ First Name: _____ Mr/Mrs/Miss/Ms: _____

Address: _____ City: _____

State: _____ Post Code: _____ Telephone: (____) _____ Facsimile: (____) _____

Email: _____

Medicare number: _____ Pension number: _____

Date Of Birth: ____ / ____ / ____ Residential Details: Family Home Community Residential House/Unit Hostel

Name of person completing this on your behalf

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Surname: _____ First Name: _____ Mr/Mrs/Miss/Ms: _____

Relationship to Travelling Guest: _____ Your Title: _____

Organisation: _____ Manager of House/Organisation: _____

Address: _____ City: _____

State: _____ Post Code: _____ Telephone: (____) _____ Facsimile: (____) _____

Email: _____

Are you the person to contact in case of an emergency: **Yes / No** If other, please give details

Name: _____ Contact Number: (____) _____

About your Disability Please describe the nature of your disability

Is your disability a: Mild Intellectual Disability Moderate Intellectual Disability Severe Intellectual Disability

Sensory Impairment/s (if applicable) _____

Other relevant information about your disability: _____

Do you have mobility difficulty or use mobility aids? YES / NO

Can you walk on and off for several hours? (for example, at a theme park or festivals) YES / NO

If you are ambulant but have difficulties with mobility, please outline your needs.

Community Participation & Communication

If you have a formalised behavior management strategy, please attach to this form with any other notes or information for us.

What methods of communication do you use?

Verbal speech Simple sentence speech With gestures Through signing With facial expression

Other: _____

Can you read? YES / NO Can you write? YES / NO Can you tell the time? YES / NO

Do you follow elementary directions? (eg Please come here or please sit down?) YES / NO

Do you follow two-step directions? (eg "please go to your room and get your jumper") YES / NO

Do you distinguish friends from strangers? YES / NO Do you enjoy mixing with other people? YES / NO

Are you likely to want to avoid participation in group activities in the community? YES / NO

Can you manage a full day group based activity in the community (Eg, theme parks, day cruises) etc? YES / NO

Do you have any fears or phobias? (eg; heights or restricted spaces. If yes, give details). YES / NO

Are you comfortable in crowded situations? (Eg, restaurants, tourist attractions etc. if no, give details) YES / NO

Are there any particular social situations that are stressful to you? (eg: Noisy environments. if yes, give details) YES / NO

Are you prone to exhibit challenging or socially unacceptable behavior? (if yes, give details) YES / NO

Should there be any concern for yourself or community members in situations involving air, train or bus travel: YES / NO

Have you used air travel before? YES / NO Do you fly unaccompanied? YES / NO

Can you swim? YES / NO Do you enjoy interaction with animals? YES / NO

Personal Care Requirements

Please tick if assistance required for the following tasks: Showering/Bathing Shaving Cleaning teeth

Menstrual Hygiene Dressing Eating & Drinking Using the toilet

Please Indicate Any Further Information Which May Assist With Personal Needs: _____

Health & Medical Information

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Doctors Name: _____

Practice Name: _____

Daytime Telephone: (____) _____

After Hours: (____) _____

Private Health Insurance Fund: _____ Policy No: _____

Immunisation History - please tick vaccinations you have had: Measles Mumps Triple Antigen Rubella

Sabin (Polio) Hepatitis B Tetanus Booster Date ____/____/____ Other: _____

Do you have any allergies? Yes / No Please detail care recommended in the event of an allergic reaction, including any specific reactions to food stuffs, medication and drugs, stings, etc.

Do You Have A Communicable Disease? Yes / No (please detail): _____

Medication Program (please provide additional or separate information if required)

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Name Of Medication	Name Of Medication	Name Of Medication
Reason Prescribed	Reason Prescribed	Reason Prescribed
Dose	Dose	Dose
Time to be taken	Time to be taken	Time to be taken
Contra-indicators	Contra-indicators	Contra-indicators
Other: _____		

Diet And Nutrition

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Do you have any special dietary requirements? _____

Should any foods, drinks, substance/s be restricted from your diet? NO / YES: _____

What Else Can You Tell Us - Health, personal care or any other relevant information.

Eg. Asthma, Blackouts, Diabetes, Depression, Dementia, Epilepsy, Heart Condition, Incontinence, Migraines, Substance abuse, Travel sickness, etc. If there is any further information you would like us to know, please add here or attach additional notes if there is not enough room below.

Medical Consent Agreement

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Name Of Holiday Participant: _____ Date Of Birth: ____ / ____ / ____

Non Prescribed Over The Counter Medication

I/We the undersigned confirm that the holiday participant is / is not able to be administered **Paracetamol** for the treatment of minor ailments if required (dose as per package or container prescription and used strictly as directed)

Medical Treatment In The Event Of An Emergency

In the event of such an emergency requiring immediate medical attention, we the undersigned, give permission for a legally qualified medical officer, registered to practice medicine, to provide treatment, perform tests or administer medication to the holiday participant.

I/We the undersigned, confirm that the Health and Medical details pertaining to the holiday participant as completed on pages 2 and 3 of this Booking Application form are true and correct and any known contra-indications or concerns regarding administration of medication and general health care have been detailed.

Guardian /Carer:

Name: _____ Signature _____ Date: ____ / ____ / ____

Holiday Participant

Name: _____ Signature _____ Date: ____ / ____ / ____

Terms and Conditions Acknowledgment

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Please ensure you have read, understand and acknowledge all terms and conditions listed below.

1. Booking Application and Medical Requirements forms must be signed by the applicant, applicant's next of kin, legal guardian or carer.
2. Medical Consent Agreement as contained in Pipeline Holidays' Booking Application and Medical Requirements form must be signed by the applicant, applicant's next of kin, legal guardian or carer.
3. All applications are subject to acceptance by Pipeline Holidays based on the accurate information provided on the application form.
4. A deposit of \$450 is required before holiday applicants can be confirmed. Deposits must be paid within one month of booking or immediately if within 45 days prior to commencement of the holiday. Deposits are the first installment of the total holiday cost.
5. Full holiday payment must be received by Pipeline Holidays at least 35 days prior to commencement of holiday, or as required for specific holidays where a third party supplier requires payment for services such as air travel and accommodation reservations.
6. Cancellation charges apply if holiday is cancelled within: 1 to 15 days prior to commencement of holiday 100% of holiday cost
15 to 45 days prior to commencement of holiday Deposit + any other expenses
Deposit forfeited if Christmas, January and Easter Holidays are cancelled within 60 days of commencement of holiday.
7. Pipeline Holidays tour guests are advised to take out travel insurance as a component of participating in holiday travel. This measure is primarily to provide protection for the holiday participant against cancellation expenses of third party suppliers, such as airlines and accommodation providers, should the need arise to cancel their holiday due to unforeseen circumstances.
8. Pipeline Holidays reserves the right to alter holiday costs if necessary, with or without notice. Changes to holiday costs will only be made if real additional costs have been incurred by Pipeline Holidays. Holiday prices shown are subject to airfare availability in the relevant booking classes the holiday price is constructed using. If no seats are available an alternative airfare will be offered.
9. Holiday costs include: Personal care and full support, airfares from capital cities as indicated (**Canberra residents will usually be driven to Sydney for interstate flights & NSW holidays**), accommodation, transport during holiday, most meals, entrance fees to tourist attractions, activities and events.
10. Holiday costs do not include: Personal spending money, extraordinary medical supplies, travel insurance and some meals.
11. Pipeline Holidays reserve the right to alter or modify itineraries and dates as deemed necessary according to prevailing conditions or other circumstances beyond our control as may arise on any holiday.
12. Pipeline Holidays reserve the right to cancel a holiday if minimum participation numbers have not been attained. In such circumstances all monies paid will be refunded to the applicant, or transferred to an alternative holiday as chosen by the applicant.
13. If an application is misleading and/or a holiday guest displays negative behavior, not discernable from the application form, which as a result detracts from the comfort and safety of others or the overall operation of the group holiday, the applicant may be sent home early. In such an event, the applicant and/or guardian will bear the full cost of the guests return. Holiday monies paid will not be refunded should such a circumstance arise.
14. If assistance is required with medication, sufficient medication for the duration of the holiday must be handed to our staff prior to commencement of the holiday.
15. Pipeline Holidays will assist with care of personal spending money if applicant requires such assistance. We will provide an overall receipt for spending money used however itemised accounts cannot, logistically, be provided.
16. Holiday guests are asked to adhere to the luggage limits as stipulated for carriage by relevant airlines. Additional luggage must be arranged prior to commencement of the holiday, any additional charges will be the responsibility of the participant.
17. Holiday participants are liable for any damage to property or persons they may cause.
18. Pipeline Holidays may take images or video during the holiday and reserve the right to use these in promotional material unless requested otherwise by the holiday participant.
19. All personal belongings remain the responsibility of the participant. Pipeline Holidays are not liable for the cost of replacement for lost or damaged personal belongings. We do not recommend participants bring unnecessary items of value with them.

I/We have read and understand the above Pipeline Holidays holiday terms and conditions and I/We agree with the stated terms and conditions. I/We have been offered travel insurance and have (please tick your choice):

Accepted travel insurance: Declined travel insurance: Have alternate travel insurance arrangements:
(**Travel insurance not included in holiday price**)

Guardian /Carer:

Name: _____ Signature _____ Date: ____ / ____ / ____

Holiday Participant

Name: _____ Signature _____ Date: ____ / ____ / ____