



200 East Boundary Road, Bentleigh
 East PO Box 42, Caulfield South 3162
 T 03 9570 9200 F 03 9524 3397

www.geleisure.com.au

Attendant Support Program (ASP)– Service User Profile

All information provided in this form is handled in accordance with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*. Please see the Privacy section in the attached terms and conditions for more information.

Your Details (the service user)

Title: Dr Mr Mrs Ms Miss	Gender: Male / Female
Surname:	Given Name:
Preferred Name:	Date of Birth:
Residential Address:	Suburb: Post Code:
Postal Address:	Suburb: Post Code:
Contact Number:	Email:

Carer Details

Title: Dr Mr Mrs Ms Miss	Surname:
Given Name:	Organisation or relationship:
Address:	Suburb: Post Code:
Contact Person:	Contact Number:
Email:	

Person responsible for payment (if not the service user)

Title: Dr Mr Mrs Ms Miss	Surname:
Given Name:	Relationship:
Contact Number:	Email:
Address:	Suburb: Post Code:
Postal Address:	Suburb: Post Code:



200 East Boundary Road, Bentleigh East
PO Box 42, Caulfield South 3162
T 03 9570 9200 F 03 9524 3397

www.geleisure.com.au

Emergency Contact

Title: Dr Mr Mrs Ms Miss	Surname:
Given Name:	Relationship:
Contact Number:	Contact Number:

Support Requirements

How will you be travelling to the centre? Own Vehicle / Taxi / Carer / Public Transport
Will you require support to enter the centre on arrival? Yes / No / On Request
What type of support will you require to enter the centre? Supervision / Guidance / Minimal physical support / Full physical support Description:
How can staff best support you in the centre?
Please describe the specific support you require when visiting the centre:
Will you visit the centre with support from a carer? Yes / No
Will your carer be assisting you to access facilities? Yes / No
Do you require additional assistance? Yes / No
Please provide a description of assistance or additional assistance required:



200 East Boundary Road, Bentleigh East
PO Box 42, Caulfield South 3162
T 03 9570 9200 F 03 9524 3397

www.gesac.com.au

Do you utilise a specific aid or piece of equipment? Yes / No
Please circle type of aid / equipment you may use: Walking Stick / Wheelchair / Hearing Aid / Physio Shoes / Leg Calliper/s / Walking Frame / Helmet Other: _____
Do you require any assistance with any of the above aids / equipment? Yes / No If yes, please give details below:

Use of Equipment at GESAC

Will you require the use of any of the following facilities when visiting the centre? Please circle. Standing Portable Hoist / Pool Chair Hoist / Adult change Table / Ramp / Accessible Change Room / Wet Water Wheel Chairs / Pool Flotation Equipment Other: _____
Please note: The hoists that are available for use within our centre are assessed and serviced on a regular basis. The manual and Hydrotherapy pool hoists have specific procedures and guidelines for use and our Attendant Support Officers and Lifeguards at GESAC follow these. Only GESAC staff are authorised to use each piece of equipment. You and/or your Carer must not attempt to use any hoist without GESAC staff assistance. Both the manual and the pool hoist have capacity for 150kg. The ceiling hoist in the accessible change rooms has a capacity of 150kg. Service user current weight range: - please note that if your weight is over 150kg the use of hoists will not be available for health and safety reasons. What is your weight? Please circle: 30-50kg 50-70kg 70-90kg 90-110kg 110-130kg 130-150kg 150kg plus



200 East Boundary Road, Bentleigh East
PO Box 42, Caulfield South 3162
T 03 9570 9200 F 03 9524 3397

www.geleisure.com.au

Communication Needs

Do you communicate clearly using speech?

Yes / No

If no, please describe the best means of communication with you:

Do you use any additional aids to communicate? Please circle.

Sign Language / Gesture / Body Language / Written words / Pictures / Compic Symbols /
Request cards / Light writer / Electronic devices / Carer support / Boards / Eye contact / Face
expressions / Alphabet / Chat book /

Other: _____

Please provide any additional details about your specific communication requirements that we should know about.

Behaviours

Will you require assistance in developing particular routines when in the centre?

Are there any conditions that we should know about which may make it difficult for you to function well in an activity?

Could you display any particular behaviour if you were upset or agitated for any particular reason? Please circle.

Hitting self or others / Biting self or others / Head butting / Kicking / Yelling / Running away /
Wandering / Swearing / Spiting / Yelling / Grabbing / Damaging property /

Other: _____



200 East Boundary Road, Bentleigh East
PO Box 42, Caulfield South 3162
T 03 9570 9200 F 03 9524 3397

www.geleisure.com.au

Personal Routines

Please describe your personal changing routine and whether any assistance is required from the Program officer.

Please describe your toileting routine. Is any assistance required from the Program officer?

Are you able to weight bear with the support of a wall rail? Yes / No

Do you have any other conditions you require support for or that we should know about to enable us to provide the Program to you?

Epilepsy / Asthma / Diabetes / Arthritis / Hemiplegic / Spinal / Mental Illness / Vision impairment / Hearing impairment /

Other: _____

Emergency Medical Details – for emergency purpose only

By completing this section you agree to us contacting your doctor and providing your medical information to a third party such as a doctor, ambulance or hospital where required for emergency purposes only.

Are you currently on any medication?* (please list)

*Please note that our attendant support workers cannot assist with giving you prescribed medication.

Do you have any medical conditions that should be disclosed in the event of an emergency?



200 East Boundary Road, Bentleigh East
PO Box 42, Caulfield South 3162
T 03 9570 9200 F 03 9524 3397

www.geleisure.com.au

Please provide your Doctor's contact details

Name:

Address:

Contact phone:

Please list any additional medical practitioners and contact details if required:

Please list any other information that you believe will assist our staff to support you when accessing the ASP program

Name of person completing this form:

For Office use only - Attendant Support Officers

Please add any additional information that may assist with providing support to this person whilst accessing the ASP program:

Name of person completing this section:



200 East Boundary Road, Bentleigh East
PO Box 42, Caulfield South 3162
T 03 9570 9200 F 03 9524 3397

www.geleisure.com.au

Your agreement

BY SIGNING THIS SERVICE USER FORM YOU AGREE TO BE BOUND BY THE ATTACHED TERMS AND CONDITIONS

.....
Your signature or the signature of your **(please circle)** guardian / parent / responsible person

.....
Name of person signing (please print)

.....
Date

Carer's agreement

BY SIGNING THIS SERVICE USER FORM YOU (AS A CARER OF THE SERVICE USER) AGREE TO:

- **COMPLY WITH THE GESAC RULES;**
- **BE BOUND BY THE GESAC CONDITIONS OF ENTRY AND USE; AND**
- **DO ALL REASONABLE THINGS TO ENSURE THE SERVICE USER COMPLIES WITH THE PROGRAM TERMS AND CONDITIONS**

.....
Carer's signature

.....
Name of Carer (please print)

.....
Date

200 East Boundary Road, Bentleigh East
PO Box 42, Caulfield South 3162
T 03 9570 9200 F 03 9524 3397

www.geleisure.com.au