

Every Body Active Program

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 refer to the Privacy section of our terms and conditions for further information.

Your details (the service user)

Title: Dr Mr Mrs Ms Miss

Gender: Male Female Other

Surname: _____ Given name: _____

Preferred name: _____ Date of birth: _____

Residential address: _____ Suburb: _____ Post code: _____

Contact number: _____ Email: _____

NDIS number: _____

Carer details:

Title: Dr Mr Mrs Ms Miss

Surname: _____ Given name: _____

Organisation or relationship: _____

Address: _____ Suburb: _____ Post code: _____

Contact person: _____ Contact number: _____

Email: _____

Person/organisation responsible for payment (if not the service user)

Title: Dr Mr Mrs Ms Miss

Name: _____ Organisation: _____

Contact number: _____ Email: _____

Address: _____ Suburb: _____ Post code: _____

Emergency contact

Title: Dr Mr Mrs Ms Miss

Relationship: _____

Surname: _____ Given name: _____

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 during your visit?

- Support to enter the Centre
- Supervision and guidance
- Minimal physical support
- Full physical support
- Emotional support/encouragement to stay focused
- Reminders of your session times

Other (the more you tell us, the better we will be able to support you):

- 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

If yes, please provide a description of assistance or additional assistance required:

- Do you utilise a specific aid or piece of equipment? Yes No

If yes, please tick 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:

Use of equipment at GESAC

- Will you require the use of any of the following facilities when visiting the Centre? Please tick.

- 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 every body active 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 150 kilograms. The ceiling hoist in the accessible change rooms has a capacity of 150 kilograms.

What is the service user's weight? Please tick.

- 30–50 kilograms 50–70 kilograms 70–90 kilograms 90–110 kilograms
- 110–130 kilograms 130–150 kilograms 150 kilograms plus

(Please note: if your weight is more than 150 kilograms, the use of hoists will not be available for health and safety reasons.)

Communication needs

- Do you communicate clearly using speech? Yes No

If no, do you use any of the following communication aids? Please tick.

- 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 describe): _____

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

Behaviours

- Please tell us about any behavioural support that might be required.

I will require assistance in developing particular routines when in the Centre.

Some environmental issues (sound/lighting) may impact my behaviour.

I may hit myself or others/bite myself or others/head butt/kick/yell/run away/wander away/swear/spit/grab/damage property. Please elaborate:

Some conditions may make it difficult for me to function well in an activity. Please describe:

I may display a particular behaviour if I am upset or agitated for a particular reason. Please describe:

The information you disclose here will not impact / affect your participation in the *Every Body Active Program*. We just want to know how to support you best.

Personal routines

- Do you require assistance with any of the following:

Personal changing

Toileting

Other: _____

- 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: _____

- Are there any cultural considerations that need to be made to best support you?

Yes No

If yes, please explain: _____

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?

Yes No

If yes, please list:

***Please note:** 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?

Yes No

If yes, please list:

- Please provide any other information that you believe will assist our staff to support you when accessing the *Every Body Active Program*:
-

- Name of person completing this form: _____

Please indicate your first and second preference for day and time to attend the Centre

	Between 8am and 12pm	Between 12pm and 6pm	Notes
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Your agreement

By signing this service user form, you agree to be bound by Glen Eira Leisure's terms and conditions.

Your signature or the signature of your 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 Glen Eira Leisure rules;
- be bound by the Glen Eira Leisure 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: _____