



PERSONAL INFORMATION

SECTION A -ABOUT ME AND MY HOLIDAY:

My name is:	
My home address is:	
My NDIS number is:	
My DOB is:	
My email address is:	
My phone number is:	
My medical diagnosis / disability is:	
Do you require wheelchair accessible accommodation?	
Do you have a companion card? (If so, please ensure you bring it on your getaway).	
Companion card number:	
Companion card expiry:	
My Medicare number is:	
My health care card number is:	
Frequent flyer membership and number:	
Seating preference on flight: (request only)	
Special meal request on flight: (request only)	
Are you a smoker?	
My parent/guardian/carer (next of kin) is:	
My next of kin's phone number is:	
Location of holiday:	



Departure date:	
Return date:	

SECTION B – ABOUT ME AND MY SUPPORT REQUIREMENTS

I WILL BE SUPPORTED DURING MY HOLIDAY BY:

Family/Friend <input type="checkbox"/>	Holiday provider support worker <input type="checkbox"/>
Name:	Name:
Phone:	Phone:
Email:	Email:

The following information is required to best support me and keep me safe on my holiday. Please tick if you have the following forms available and please also attach them:

Support:	Yes (please tick):	No/not available (please tick):	Additional comments:
Client risk management plan. <i>Staff are required to review the persons client risk profile if the person is going a holiday destination. Attach a copy of the client risk management plan.</i>			
Communication profile. <i>Please attach if applicable.</i>			



<p>Medication plan/chart. <i>Ensure that Webster packs for all medication are clearly labelled and arranged ready for the departure date.</i></p>			
<p>Mealtime management plan. <i>Please attach any mealtime management charts and include any food allergies.</i></p>			
<p>Health care. <i>Please attach any private or public health care plans and account details.</i></p>			
<p>Epilepsy management plan. <i>Please attach if applicable.</i></p>			
<p>Asthma management plan. <i>Please attach if applicable.</i></p>			
<p>Diabetes management plan. <i>Please attach if applicable.</i></p>			
<p>Bowel management plan. <i>Please attach if applicable.</i></p>			
<p>Manual handling plan. <i>Please attach if applicable.</i></p>			
<p>Any other plans. <i>Please attach if applicable.</i></p>			

Activities that I need assistance with for my daily living:

TASK:	YES (PLEASE TICK):	NO (PLEASE TICK):	ADDITIONAL COMMENTS:
Manage money			
Run a shower			



Wash body			
Dry body			
Toilet			
Brush teeth			
Dressing			
Shoes and socks (laces)			
Wash hair			
Brush hair			
Shaving			
Mobility independent			
Menstrual care			
Afraid of the dark			
Bedtime routine			
Medication administration			
Do you need support with your valuable items?			

VALUABLE ITEMS

	Yes (Please tick)	No (please tick)	Additional comments: What is the item?
<i>Are you bringing value items?</i>			



ALCOHOL POLICY

	Yes (Please tick)	No (please tick)	Additional comments:
Does the client have an alcohol policy in place? <i>Please attach if applicable.</i>			

SECTION C – EMERGENCY CONTACTS

CONTACT	NAME	MOBILE NUMBER
Parent/ guardian		
Support coordinator		

MEDICAL CONTACTS

Doctors name:	
Doctors number:	
Doctors address:	

TRAVEL AND MEDICAL INSURANCE *Travel insurance is compulsory for cruising, domestic flights and international travel. *

Insurance provider:	
Policy number:	
Contact number:	



IMPORTANT INFORMATION & BOOKING TERMS AND CONDITIONS

Eligibility

Inclusive Getaway's specialise in providing supported holidays & respite options for Australian's living with a disability. Our services provide support for travellers with a NDIS registered physical, mental or intellectual disability.

Whilst we respect everyone's right to enjoy a holiday, Inclusive Getaway's needs to strictly assess participants individual requirements and circumstances to ensure a safe and enjoyable experience. Inclusive Getaways will make every effort to find suitable supports to appropriately offer a quality service, however if we aren't able to provide this service at an exceptional standard for you we will support you in finding another service that is suitable.

Bookings & Cancellations

Inclusive Getaways manages all bookings on a "first in first served basis". Eligibility is assessed from information supplied in the Holiday Application Form. Our Holiday Application Form records important information relating to routines, medications, behaviour support plans, passport validity, travel insurance records, epilepsy plan management, emergency contacts etc. Please ensure your form is filled out and returned to Inclusive Getaways with your signed service agreement.

Once eligibility is confirmed travellers are listed for their selected tour. Positions are held for 14 days pending payment of holiday deposit. Bookings are guaranteed on payment of deposit. If selected holidays are full, travellers will be directed to other suitable tour options. Holiday costs once paid and completely non-refundable. Cancellation fee is 100% of the travel costs only. Support bookings are separate and apply to the 60-day rule.

Home Visits & Special Care Travel Service

Due to our unique mobile model we can come and meet with you in your own home or a place that is more comfortable to assist with your holiday booking. Travel fees may apply and will be quoted on contact. Inclusive Getaways also

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specialise in independent travel bookings for client's who require special service support when travelling including flight assistance with the special care team, mobility friendly accommodation and other requests pertaining to your comfort whilst on holiday.

Travel Insurance

Travel Insurance is to be purchased by the participant prior to the departure. This is compulsory for all cruising, domestic flights and international travel. Inclusive getaways hold no responsibility or financial liability where the travel insurance would generally cover the costs that arises due to unforeseen circumstances if travel insurance is not purchased.

Shared accommodation or twin bedding

If a participant agrees to twin bedding style or shared accommodation layout, Inclusive getaways holds no responsibility for any actions or conduct after the staff's day shift is finished or when the staff is asleep.

Entering and Exiting the Service

The first holiday booking is considered entry to the service. A Holiday Application Form is required to be completed or updated every 18 months, or sooner if information changes. This can be completed by the traveller, their carer, family member, significant other or advocate. Terms and Conditions are required to be signed for each tour and a Service Agreement is valid for the duration of the plan. Should either party wish to end the Service Agreement they must give 60 days' written notice and apply to all conditions set out in the Inclusive Getaways cancellation policy that you'll find on the booking confirmation. If either party seriously breaches this Service Agreement the requirement of notice will be waived. NDIS plans are required and are used to identify and support holiday goals. Travellers can re-access the service at any time by booking on a holiday and ensuring all paperwork is up to date.

Covid-19 Clause:

Inclusive Getaways will not be liable or take responsibility for incidences that occur related to the Covid-19, including travel bans, closure of tourist sites and parks, insurance coverages, cancellation fees or any incident that results in you are becoming sick while travelling.

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Your decision to travel is independent of Inclusive Getaways and we have given you information to access up to date advice from www.smarttraveller.com.au for Australians travelling.

Your decision to travel is **not** influenced by Inclusive Getaways or Inclusive Getaways staff. You have decided to travel knowing the up to date and current information regarding Covid-19 and the national travel advice provided by www.smarttraveller.com.au and the government.

If you have any further questions relating to your trip, please contact us on 1300155683. You can contact us if you wish to cancel, amend/reschedule or ask for anything related to the costings of changing your holiday plans.

If your inquiry relates to Covid-19 specifically, please contact your GP and for travel advice please check Smartraveller. We cannot give you medical or government advice and take no responsibility for outcomes related to these inquiries. For all Travel Insurance queries please contact your travel insurance provider.

Please note as per our terms and conditions we hold a 60-day cancellation penalty for support service charged from your plan. All travel bookings are nonrefundable. This information is advised on your holiday planner form.

I _____ understand and acknowledge that Inclusive Getaways does not take responsibility or liability for any circumstances arising from the Covid -19. I understand that I have been informed of where to find up to date and professional information and I am responsible for my decision and the outcomes of travelling.

Name of client/carer.....

Signature _____

Date _____

Inclusive getaways- Form F01

PARTICIPANT PERSONAL INFORMATION HOLIDAY PLANNER

Witness Name _____

Signature _____

Date _____

