



TOUR NAME: _____

1. PERSONAL DETAILS

Surname:		First Name:		
Date of Birth:		Sex:	Male / Female	
Street Address:				
Suburb:		State:		Postcode:
Contact Ph:		Fax:		
Email:				

2. DEPARTURE:

Coach tours depart from Southern Cross Coach Terminal, Bay 69. If flying to and from destination, departure is from Tullamarine Airport.

a) Is an overnight stay required (an additional cost)?	YES/NO
b) Please specify if an alternative departure point has been arranged. <i>(applicable to country/rural areas only).</i>	

3. RETURN

Coach tours return from Southern Cross Coach Terminal, Bay 69. If flying to and from a destination, return is to Tullamarine Airport.

a) Is an overnight stay required (an additional cost)?	YES/NO
b) Do you require a taxi?	YES/NO
c) Please specify if an alternative departure point has been arranged <i>(applicable to country/rural areas only).</i>	

4. ROOMING:

Please be aware Ozmates Travel Passengers do not share with passengers.

a) Please specify if you have a preferred rooming partner?	
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5. EMERGENCY CONTACT:

Name:		Relationship:	
Address:			
Phone:		Mobile:	

Office Use

Balance Sheet (Please Tick)

Posted Emailed Printed and Returned Office Posted Tour Leader Posted

Date returned if not on tour:

PO Box 5283, Frankston South VIC 3199 | Ph: 9789 1222 | Fax 03 9789 5318
 Email: ozmates@ozmates.com.au Agent License 32728



TRAVEL
COMPENSATION
FUND





6. TERMS & CONDITIONS:

- Both the Ozmates Travel booking form and medical consent form MUST be signed by the passenger, passenger’s next of kin, legal guardian or carer.
- Ozmates Travel passengers are required to take out travel insurance as a condition of participation of our holiday/tours.
- A deposit of \$1000 PLUS the cost of travel insurance is required to secure your place on your selected tour. Deposits must be paid within 14 days of booking or immediately if within 60 days prior to commencement of the Australian land based tour, 120 days on International tours.
- Final payment MUST be received by Ozmates Travel 60 days prior to departure date (90 days for train, Plane, Cruise & International), unless otherwise specified. (The due date is printed on the bottom of your invoice.)
- Cancellation fees apply if a passenger cancels their holiday. Notice of cancellation must be made in writing to Ozmates Travel. Cancellation fees are:

<u>Australian Land Based:</u>	<u>Train, Plane, Cruise Tours:</u>	<u>International Tours:</u>
100% for 0-30 days prior to travel	100% for 0-60 days prior to travel	100% for 0-120 days prior to travel
50% for 31-60 days prior to travel	50% for 61-90 days prior to travel	50% for 121-150 days prior to travel

- Ozmates Travel reserves the right to:
 - Alter or modify itineraries as deemed necessary;
 - Alter tour costs if necessary;
 - Cancel a tour if minimum passenger numbers have not been met. (If a tour is cancelled all monies paid will be refunded to the passenger or transferred to an alternative holiday as chosen by the passenger).
- The price of the tours includes all breakfasts, all lunches, all dinners, accommodation (Motel/Hotel unless noted on itinerary), entry fees, transport as per itinerary and staff support at 1:5 or 1:6 passengers unless otherwise noted.
- **NOT** included in the tour price is: -passenger spending money; -transfers to and from departure point; cost of passports, visas etc; and items of personal nature such as laundry, toiletries, telephone, excess baggage, wheelchair rental, morning/afternoon teas, drinks.
- Ozmates Travel reserve the right to end a passengers holiday prematurely in the case of:
 - Behaviours strongly effect other passengers’ enjoyment.
 - They pose a safety risk to themselves or others.

In the circumstance of a passenger’s holiday ending prematurely, the passenger or guardian will be liable for the full cost of the passengers return including: staff cost, transport, accommodation and all other support costs. No part of the tour fare is refundable.

- A passenger is legally responsible for any damage to property or persons they may cause.
- To maintain financial accountability, all passenger spending money should be handed over to Ozmates staff at time of check-in. Ozmates will not be held accountable for any monies not directly under their control.
- If assistance is required with medication, sufficient medication for the duration of the holiday, plus 3 extra days medication, must be handed to Ozmates staff prior to commencement of the holiday in Webster /Medico Packs or industry Approved containers.
- All personal belongings are the responsibility of the passenger therefore Ozmates Travel are not liable for replacement costs if lost or damaged.
- Ozmates Travel take photographic and video images during the holiday and reserve the right to use these in promotional material unless requested otherwise by the passenger.

I/We agree that I/we have read and understand the Ozmates Travel terms and conditions stated above:

Tour Name: _____

Carer/Guardian Name: _____ Signature: _____ Date: _____

Passenger Name: _____ Signature: _____ Date: _____

Ozmates require that passengers take out travel insurance and offer a competitive quote for comprehensive travel insurance on the booking invoice. If you choose to decline Ozmates insurance, please sign below:

I, _____ (Passenger name) have chosen to decline the travel insurance arranged by Ozmates Travel.



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MEDICAL PROFILE

Passenger Name: _____
 Date of Birth: _____

Type of Disability	✓Yes	✗No
Intellectual		Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>
Physical		
Sensory Impairment/s		
Acquired Brain Injury		
Psychiatric		

Health Conditions		
Epilepsy Care Plan is supplied YES/NO		Type of Seizures: Possible Triggers: Frequency: Monitoring in the Shower required:
Diabetes		Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Injections required YES/NO
Blood Glucose Monitor used		Is Ozmates Required to take the reading YES/NO
Passenger can independently Manage		If NO care Plan is Required
Allergies		Penicillin <input type="checkbox"/> Food <input type="checkbox"/> Drugs <input type="checkbox"/> Sunscreen <input type="checkbox"/> Band aids <input type="checkbox"/> Special Care in event of Allergy:
Asthma		
Heart Condition		
Depression		
Forgetfulness/Dementia		
Fears		
Behaviour		
Please attach a strategy plan		
Verbal Issues		
Physical Issues		
Do they have a Behavior Management Plan		If there is no plan a letter detailing behaviors is a great help
Is there a Behavior Management Plan Supplied		Please attach to this form
Inappropriate Sexual Behavior		
Social Issues		
Diet and Nutrition		
Special dietary needs?		
Food Requires Cutting?		
Foods dislike?		
Favourite drink?		Coffee <input type="checkbox"/> Decaf <input type="checkbox"/> Tea <input type="checkbox"/> Milo <input type="checkbox"/> or other,
Allowed alcohol?		
Special Meal time requirements		Please supply care Plan
Communication Skills		
Speech		Clear <input type="checkbox"/> Uses full sentences <input type="checkbox"/> Slurred <input type="checkbox"/> Stutters <input type="checkbox"/> Uses only a few words <input type="checkbox"/>
Other forms		Gestures <input type="checkbox"/> Sign Language <input type="checkbox"/> Makaton <input type="checkbox"/> Auslan Sign <input type="checkbox"/>

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Other Information	
Mobility	Independent <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Walking Frame <input type="checkbox"/> Wheelchair <input type="checkbox"/>
Incontinent?	Day Night
Communicable medical conditons?	
Sleep difficulties?	Snore <input type="checkbox"/> Sleepwalk <input type="checkbox"/> Early / Late Riser <input type="checkbox"/> Insomnia <input type="checkbox"/> Night Behaviours <input type="checkbox"/> Other <input type="checkbox"/>
OK with share room?	If not, I agree to single room at extra cost <input type="checkbox"/> Passengers do not share with staff
Can sleep on top of bunk?	
Comfortable dining out?	
General	
Catheter, injections, invasive procedures?	Please supply care plan
Accessing the community	1:6 <input type="checkbox"/> 1:1 <input type="checkbox"/>
Fixations?	
Can walk up stairs in Motel	
Comfortable dining out?	
Is able to walk long distances?	More than 1km <input type="checkbox"/> More than 3km <input type="checkbox"/> More than 5km <input type="checkbox"/>
Health and Medical Information	
Doctors name	
Daytime phone number	
After hours phone number	
Pharmacist name and phone	
Medicare number	Expiry Date:
Pension number/Expiry date	Expiry Date:
Private Health Insurance	Fund: Policy No:
Ambulance Cover	Number:
Vaccinations	Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Tetanus <input type="checkbox"/> Hep B <input type="checkbox"/> Triple Antigen <input type="checkbox"/> Polio <input type="checkbox"/> Flu <input type="checkbox"/>
Personal Care Requirements	
Circle if Full Assistance (Full Ast) Assistance needed (Ast) , Prompting required (Pr) or Independent (Ind) for the following tasks:	
Showering:	Full Ast Ast Pr Ind Shaving: Full Ast Ast Pr Ind
Using the toilet:	Full Ast Ast Pr Ind Personal Hygiene: Full Ast Ast Pr Ind
Eating:	Full Ast Ast Pr Ind Drinking: Full Ast Ast Pr Ind
Menstrual hygiene:	Full Ast Ast Pr Ind
Awareness	
Is passenger aware of the dangers of:	Pools? Yes / No Roads? Yes / No Heights? Yes / No
Previous Travel	
Does the passenger require:	
An Ozmates support crew to hold and manage their money?	YES / NO
An Ozmates support crew to guide and assist their money?	YES / NO





7. MEDICATION CHART

Does the passenger take medication **YES/NO** (Ozmates holds all medication due to safety reasons)

Does the applicant self administer the medication **YES/NO**

Is supervision required to administer **YES/NO**

Medication must be supplied in Webster pack/Medico with 3 days extra Included in case of emergencies.

PRN medication that requires approval before administering is not always possible due to remote locations or time. Please discuss this with Ozmates staff or send information of situation and signs of when this should be administered.

If passenger requires medication please complete below:

Medication Name	Dose	Breakfast 7-9am	Lunch 12-2pm	Dinner 5.30-7.30pm	Bedtime 8-10pm

PRN Medication

Medication Name	Dose	Method (Oral/Topical)	Circumstances	Frequency

Medical Consent Agreement

Non-prescribed over the counter medication

I/We the undersigned confirm that the passenger **is / is not** able to be administered Paracetamol/Immodeum 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 an emergency requiring immediate medical attention, I / We the undersigned, give permission for a legally qualified medical officer to treat the passenger.

I/We the undersigned, confirm that the Health and Medical details pertaining to the passenger as completed in this booking application form are true and correct and any known contra-indications for concerns regarding administration of medication and general health have been detailed.

Carer/Guardian Name: _____ Signature: _____ Date: _____

Passenger Name: _____ Signature: _____ Date: _____

