

THE UP! CLUB PARTICIPANT INFORMATION

First name: _____ Last name: _____

Preferred Name: _____ Member mobile number: _____

Date of Birth (DD/MM/YYYY): ____ / ____ / ____ Gender: Female Male Other

Member email address (optional): _____

UP! Club registration: CENTRAL North East Inner West South
 South West Penrith Blue Mountains Hornsby

Are you an NDIS participant? No Yes – NDIS managed Yes – Self managed
 Yes – Plan Managed Combination: _____

I live: At home Independently Other: _____

Address: _____

Do you have a companion card? YES NO If Yes, number: _____ Exp: _____

Do you have a half price taxi card? YES NO

Food Allergies/Dietary Requirements: Vegetarian Halal Lactose Intolerant Coeliac

Other: _____

Medical details:

Do you have any medical condition/s other than Down Syndrome? YES NO

If yes, please specify?

Do you have any mental-health needs that we should know about? YES NO

If yes, please specify?

Do you take any medication? YES NO

If yes, specify name, dosage and frequency?

Please note: UP! Club workers and volunteers are not able to offer any medication assistance.

Do you like to drink alcohol? YES NO If yes, please provide details:

Favourite drink/s:

Favourite food/s:

Other Allergies:

Communication:

Verbal – English Verbal – other Non-verbal Sign, compic, auslan, pictures (please provide details)

How can we best support you? (road safety, dealing with loud noises, crowds, dressing etc.)

Will you be attending activities with a carer? YES NO

Additional notes:

PARENT/CARER CONTACT INFORMATION

(This may be mum, dad, brother, sister or another person who lives with you. Please provide at least one contact)

PRIMARY CONTACT (Emergency contact during activities and to receive all UP! Club communication):

Name: _____ Mobile number: _____

Email: _____ Relationship: _____

CONTACT 2 (optional):

Name: _____ Mobile number: _____

Email: _____ Relationship: _____

IMPORTANT NOTE:

Please indicate if any additional contacts are to receive all UP! Club communication (including activity information, payment information and activity reminders). Primary contact will receive all UP! Club information.

Member Email

Contact 2 email

Notes:

UP! Club Activity Questionnaire

Do you work? YES Where do you work? _____

NO Are you looking for work? _____

Do you attend a Day Centre or other program? YES NO

What is the name of the Day Centre/ other program? _____

Do you take public transport by yourself? YES NO

Do you have a carer or parent that drives you to activities? YES NO

Would you be interested in any of the following training: Aging Safe travel Budgeting and money skills
 Healthy relationships and sexuality Independent living skills Social media and cyber safety

NDIS planning Other: _____

Do you like sports? YES NO

What are your favourite sports?

What is your favourite team? _____

What do you like to do in your spare time or with your friends?

Do you like music? YES NO

What types of music do you like:

- ROCK DANCE/ELECTRONIC HIP HOP POP CLASSICAL FOLK
 MUSICALS COUNTRY MUSIC HEAVY METAL BLUES DISCO/70'S 80'S AND 90'S

Who are your favourite singers or bands?

Do you like movies and TV shows? YES NO

What are your favourite movies and TV shows?

Do you like animals? YES NO If yes, what are your favourite animals?

Other hobbies/ interests:

Here are some ideas for activities. Please tick the activities that you might like to do with UP! Club

<input type="checkbox"/> Swimming	<input type="checkbox"/> Rugby (watch)	<input type="checkbox"/> Disco	<input type="checkbox"/> Boat cruise
<input type="checkbox"/> Ice skating	<input type="checkbox"/> Soccer (watch)	<input type="checkbox"/> Seeing a band	<input type="checkbox"/> Aquarium
<input type="checkbox"/> Mini golf	<input type="checkbox"/> Art & Craft	<input type="checkbox"/> Theatre	<input type="checkbox"/> Zoo
<input type="checkbox"/> Lawn bowls	<input type="checkbox"/> Karaoke	<input type="checkbox"/> Markets	<input type="checkbox"/> Picnic
<input type="checkbox"/> Bowling	<input type="checkbox"/> Pub night	<input type="checkbox"/> Shopping	<input type="checkbox"/> Music festivals
<input type="checkbox"/> Tennis (watch)	<input type="checkbox"/> Picnic	<input type="checkbox"/> Studio audience (ie –	<input type="checkbox"/> Cultural festivals
<input type="checkbox"/> AFL (watch)	<input type="checkbox"/> Dance class	footy show)	

Please tick the time/s that you would most like to do activities with The UP! Club

Friday night Saturday Saturday night Sunday Sunday night

Your ideas for activities: _____

YOUR GOALS:

What would you like to get out of participating in UP! Club?

Do you have any specific goal you would like to achieve?

Do you have any concerns about The UP! Club program?

DECLARATIONS:

Please read the declarations below, tick to acknowledge and sign below

PHOTOGRAPHS/VIDEOS:

OR I do not wish for photographs of my son/daughter to be used in promotional material

During activities, photographs/videos will be taken of the participants. By signing below you acknowledge and consent to photographs/ videos to be used for marketing and publicity purposes by Down Syndrome New South Wales (i.e. facebook, grant applications, website, journal publications)

INDEMINITY

I being the parent/carer agree for my child to participate in activities under supervision and guidance of approved staff and volunteer leaders of Down Syndrome New South Wales (DSNSW).

In the case of an accident or medical emergency, I understand that DSNSW staff / volunteers will endeavour to contact me. Where it is impractical to communicate with me, I, the undersigned, authorize the DSNSW representative in charge of activities to consent to the participant receiving medical or surgical treatment or use of ambulance as may be necessary. I also agree to bare costs thereby incurred. I approve of the above application and in doing so agree that DSNSW and its staff and volunteers shall be released from and shall not incur any responsibility or liability whatsoever for any accident/injury to the applicant or any damage to or loss of property of the applicant

I have completed the participant information and indemnity form and will notify DSNSW of any changes in this information as soon as they occur to ensure all information remains current and correct.

Name: _____

Signature: _____

Relationship: _____

Date: _____ / _____ / 20_____

OFFICE USE ONLY

INTERVIEW:

Note any concerns arising from application:

What action has been taken to ensure the necessary supports are in place for the participant?

Is the participant ready to attend up UP! Club events? YES NO

DATE: _____ NAME: _____ SIGNED: _____