

**Please note:**

These details will remain confidential. Please include enough information – it helps us to provide a better class for you.

We also need to report statistical data, including information about your support requirements to the Department of Ageing, Disability and Homecare. Your identity is not disclosed.

**Return to:** Manager, Groups and Arts Access

**Post:** PO Box 283 Rozelle 2039

**Email:** [leisure@rnc.ngo.org.au](mailto:leisure@rnc.ngo.org.au)

**Fax:** 9810 8532

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**CONTACT AND DEMOGRAPHIC DETAILS**

**Date** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Living situation: ( please circle )**

With family

Group House

Independently

**Will we need a contact person to pass information on to you?**

Contact name \_\_\_\_\_ Ph: \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Relationship with you: family member house manager other \_\_\_\_\_

**Are you Aboriginal or Torres Strait Islander?** \_\_\_\_\_

**Country of birth** \_\_\_\_\_

**Do you require an interpreter?** \_\_\_\_\_ **Preferred language** \_\_\_\_\_

**Source of income: ( please circle )**

Work

Disability support pension

other \_\_\_\_\_

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**LEISURE GOALS**

**Recreation or creative activities currently attended:**

**Recreation or creative activities attended in the past:**

**Interests or creative skills you have now:**

**Particular skills you wish to develop:**

**Communication skills e.g. Speech, reading, writing, and singing:**

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**SUPPORT REQUIREMENTS:** Please attach further information regarding the following questions, including behaviour management plans, care plans and risk assessments where applicable.

**Please state nature of disabilities and current/relevant past health problems:**

**How will any of these conditions affect the client's participation in the programme?**

**Please state any current or relevant past challenging behaviours:**

**Is assistance required with the following?**

Dressing/Undressing?            Yes\_\_\_            No\_\_\_

Eating a meal?                    Yes\_\_\_            No\_\_\_

Using the toilet?                 Yes\_\_\_            No\_\_\_

Walking/Mobility?               Yes\_\_\_            No\_\_\_

Medication                        Yes\_\_\_            No\_\_\_