

2019 Registration Form

Disability Programs

School Holiday Programs:

The program is offered during school term breaks in January, April, July and October (excluding public holidays). Please see the Booking Form for specific dates. There are no pick up or drop off services available for this program. Fresh fruit and light snacks are provided however participants are required to bring their own lunch.

Please note that we require your preferred days no later than two weeks prior to the holiday program commencing to ensure that we have appropriate staffing levels. Complete and return the booking form (or email us at disability@commsatwork.org). Confirmations will be sent once we are able to match clients to staff and also clients to clients whilst working within the NDIS funded ratios. Not all bookings can be guaranteed however, we will advise as soon as possible if we cannot meet your preferred days.

Malkara SHP:

The Malkara program is for children aged 5 years to 12 years and operates from the Malkara Specialist School 8:30am and 5:30pm

Teens School Holiday Programs:

The Teens programs are for children aged 12 years to 18 years and operates from Gungahlin and Tuggeranong between 8:30am and 5:30pm

Teens After School Care Programs:

Our after school care program is for young people between the ages of 12-18 with an intellectual disability who attend an ACT High School or a College. The program operates Monday to Friday, during school terms, at two locations; Tuggeranong and Gungahlin, between 3pm and 6pm. Transport is provided from Black Mountain and Woden Schools. The fee for the program is determined by the hourly rate under the National Disability Insurance Scheme (NDIS).

Young Adults Program

Is a skill development and community access program for young people (18-30) with an intellectual disability who have finished school/college. The program provides opportunities for young people to experience and learn new things, enhance their skills, build social confidence and resilience and to broaden their informal social network within a safe and supportive environment. The program operates Monday to Friday, between 8:30am and 4pm from Gungahlin and Tuggeranong.

Adults Program

Is a skill development and community access program for adults with an intellectual disability who are over the age of 25, similar to the Young Adults program and operates from Tuggeranong during the school terms only.

Document Type: FORM	Doc Ref No: LS-QMS-FOR- 054	Version No: 1
Date of Effect: 1 December 2018	Due for Review: 1 November 2019	Page 1 of 13
MASTER DOCUMENT – UNCONTROLLED WHEN PRINTED UNLESS SIGNED IN RED		

2019 Registration Form

Disability Programs

NDIS Support Fees

Will be charged as per your Service Agreement with Communities@Work. We operate within the National Disability Insurance Scheme (NDIS) Price Guide and we will provide you with a quote for your needs.

Activity/Workshop Fees:

As per our fee schedule. This covers in-house activities such as cooking and art projects, travel within the program to activities, learning materials and morning and afternoon teas.

Entry Fees:

Swimming, bowling, and other venues which require an entry fee will need to be factored into your budget. We will negotiate with businesses before booking these activities, however there may be some associated costs. Please also bring with you your Companion Card for excursions to enable you to obtain free or discounted entry to venues, and/or cash where required, for activities. You can choose to pay for these activities on a daily basis OR to be invoiced as per your Service Agreement. Please advise when making your booking.

Please choose from the following programs:

Program Name	Location			
<input type="checkbox"/> School Holiday Program	<input type="checkbox"/> Teens – Gungahlin	<input type="checkbox"/> Teens - Tuggeranong	<input type="checkbox"/> Children – Malkara	
<input type="checkbox"/> Young Adults	<input type="checkbox"/> Adults	<input type="checkbox"/> Teens After School Care	<input type="checkbox"/> Gungahlin	<input type="checkbox"/> Tuggeranong

Preferred days of attendance:				
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

*NB: Preferred days of attendance applies for Young Adults, Adult and Teens After School Care programs. School Holiday Program booking forms will be sent prior to the holiday commencing for you to choose your preferred days.

Document Type: FORM	Doc Ref No: LS-QMS-FOR- 054	Version No: 1
Date of Effect: 1 December 2018	Due for Review: 1 November 2019	Page 2 of 13
MASTER DOCUMENT – UNCONTROLLED WHEN PRINTED UNLESS SIGNED IN RED		

2019 Registration Form

Disability Programs

Applicant's Personal Information

Title		Given Name		Surname	
Address					
Suburb					
State		Postcode			
Gender		Date of Birth		Country of Birth	
NDIS Number		Support Item Number/ Description			
Is the applicant of Aboriginal descent?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the applicant of Torres Strait Islander descent?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
School Attending (where applicable)					
Does the applicant consent to exchange of information regarding progress/ support requirement / updates from the school?					
<input type="checkbox"/> Yes			<input type="checkbox"/> No		

Allergies / Dietary Requirements:

Does the applicant have any allergies, food intolerances or dietary restrictions?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please provide details					

Document Type: FORM	Doc Ref No: LS-QMS-FOR- 054	Version No: 1
Date of Effect: 1 December 2018	Due for Review: 1 November 2019	Page 3 of 13
MASTER DOCUMENT – UNCONTROLLED WHEN PRINTED UNLESS SIGNED IN RED		

2019 Registration Form

Disability Programs

Medical Information:

Does the applicant have any medical conditions such as: asthma, diabetes, epilepsy etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes, please provide details and an Action Plan from your GP/specialist</p>		

Does the applicant take any regular medication? eg: Ventolin, etc	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes, please provide details including if the medication is required during program hours and if the applicant is able to self-administer</p>		

Document Type: FORM	Doc Ref No: LS-QMS-FOR- 054	Version No: 1
Date of Effect: 1 December 2018	Due for Review: 1 November 2019	Page 4 of 13
MASTER DOCUMENT – UNCONTROLLED WHEN PRINTED UNLESS SIGNED IN RED		

2019 Registration Form

Disability Programs

Disability Details

Does the applicant have an intellectual disability? Please describe the type of intellectual disability.

Does the applicant have a physical disability? Please describe the type of physical disability.

Applicant's Goals:

What does the applicant want to gain by attending the program? These goals will be implemented in the daily activities and workshops.

(For example: making friends, learn how to cook simple and healthy meals, learn how to use public transport, etc)

Document Type: FORM	Doc Ref No: LS-QMS-FOR- 054	Version No: 1
Date of Effect: 1 December 2018	Due for Review: 1 November 2019	Page 5 of 13
MASTER DOCUMENT – UNCONTROLLED WHEN PRINTED UNLESS SIGNED IN RED		

2019 Registration Form

Disability Programs

Support Needs:

Please tell us how you would like to be supported by indicating the level of support you need in each life area. Please tick the ones that best describe you support needs and provide details of your support needs. (ie: needs prompting, needs full support to eat but can drink independently)				
Life Area	Always need support in this life area	Sometimes need support in this life area	Does not need support in but use aids or equipment	Does not need support in this life area and does not use aids or equipment
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details				
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details				
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details				
Communication (making one's self understood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details				

Document Type: FORM	Doc Ref No: LS-QMS-FOR- 054	Version No: 1
Date of Effect: 1 December 2018	Due for Review: 1 November 2019	Page 6 of 13
MASTER DOCUMENT – UNCONTROLLED WHEN PRINTED UNLESS SIGNED IN RED		

2019 Registration Form

Disability Programs

Interpersonal Interactions/ Behaviours of Concern:

When the applicant gets frustrated, how do they display this and what is the frequency of the Behaviour of Concern?															
<input type="checkbox"/> Bite their hand/arms	<input type="checkbox"/> Hit themselves	<input type="checkbox"/> Hit other people	<input type="checkbox"/> Walk away												
<input type="checkbox"/> Throw items	<input type="checkbox"/> Throw items at others	<input type="checkbox"/> Accident Movement/ startle reflex	<input type="checkbox"/> Sudden movements												
<input type="checkbox"/> Grabbing others	<input type="checkbox"/> Holding on to others	<input type="checkbox"/> Leaning on others	<input type="checkbox"/> Tripping												
<input type="checkbox"/> Absconding	<input type="checkbox"/> Stranger Danger	<input type="checkbox"/> Abuse of alcohol	<input type="checkbox"/> Gambling												
Hazard Exposure: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Electricity</td> <td><input type="checkbox"/> Fire Lighting</td> <td><input type="checkbox"/> Roads</td> </tr> <tr> <td><input type="checkbox"/> Poisons</td> <td><input type="checkbox"/> Water</td> <td><input type="checkbox"/> Sharps</td> </tr> <tr> <td><input type="checkbox"/> Travelling in vehicles</td> <td><input type="checkbox"/> Flammables</td> <td><input type="checkbox"/> Stove/Ovens</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Slamming Doors</td> <td><input type="checkbox"/> Sun Exposure</td> </tr> </table>				<input type="checkbox"/> Electricity	<input type="checkbox"/> Fire Lighting	<input type="checkbox"/> Roads	<input type="checkbox"/> Poisons	<input type="checkbox"/> Water	<input type="checkbox"/> Sharps	<input type="checkbox"/> Travelling in vehicles	<input type="checkbox"/> Flammables	<input type="checkbox"/> Stove/Ovens		<input type="checkbox"/> Slamming Doors	<input type="checkbox"/> Sun Exposure
<input type="checkbox"/> Electricity	<input type="checkbox"/> Fire Lighting	<input type="checkbox"/> Roads													
<input type="checkbox"/> Poisons	<input type="checkbox"/> Water	<input type="checkbox"/> Sharps													
<input type="checkbox"/> Travelling in vehicles	<input type="checkbox"/> Flammables	<input type="checkbox"/> Stove/Ovens													
	<input type="checkbox"/> Slamming Doors	<input type="checkbox"/> Sun Exposure													
Other, please provide details 															

What frustrates the applicant?		
<input type="checkbox"/> When there are changes	<input type="checkbox"/> When they are bored	<input type="checkbox"/> When the people around them are too loud
<input type="checkbox"/> When they don't have enough space	<input type="checkbox"/> When they are unsure or don't know what they'll be doing	<input type="checkbox"/> when there is an unfamiliar staff person supporting
Other, please provide details 		

Document Type: FORM	Doc Ref No: LS-QMS-FOR- 054	Version No: 1
Date of Effect: 1 December 2018	Due for Review: 1 November 2019	Page 7 of 13
MASTER DOCUMENT – UNCONTROLLED WHEN PRINTED UNLESS SIGNED IN RED		

2019 Registration Form

Disability Programs

What helps the applicant calm down when they are frustrated?

Have quiet time in a different location

Play on the computer/ipad

Go for a walk

Count to ten

Read a book

Listen to music

Other, please provide details

Other Important Information:

Please note further information here that would be useful for us to know about the applicant

Document Type: FORM

Doc Ref No: LS-QMS-FOR- 054

Version No: 1

Date of Effect: 1 December 2018

Due for Review: 1 November 2019

Page 8 of 13

MASTER DOCUMENT – UNCONTROLLED WHEN PRINTED UNLESS SIGNED IN RED

2019 Registration Form

Disability Programs

Applicant's Activity / Skill Development Areas:

What activities does the applicant like the most and are important to them? Include examples of favourites of preferences.			
<input type="checkbox"/> Listening to music	<input type="checkbox"/> Dancing	<input type="checkbox"/> Singing	<input type="checkbox"/> Bowling
<input type="checkbox"/> Cooking	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Window Shopping	<input type="checkbox"/> Computer / ipad
<input type="checkbox"/> Sports including gym, walking, ball games, swimming	<input type="checkbox"/> Reading or being read to	<input type="checkbox"/> Other	
Of the above activities, which activity would they least likely participate in? Provide examples			

Please tick the skills area that the applicant would like to undertake within the program time in order to achieve their goals.					
Self Care	Home Skills	Community	Interpersonal	Leisure Skills	Work Skills
<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Food Preparation	<input type="checkbox"/> Knowledge of community Facilities	<input type="checkbox"/> Communication Skills	<input type="checkbox"/> Home-based leisure	<input type="checkbox"/> General Work Skills
<input type="checkbox"/> Self-Identification	<input type="checkbox"/> Care of Clothes	<input type="checkbox"/> Safety in the Community	<input type="checkbox"/> Awareness of self	<input type="checkbox"/> Planning leisure time	<input type="checkbox"/> Behaviour at work
<input type="checkbox"/> Health	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Use of public transport	<input type="checkbox"/> Making Friends	<input type="checkbox"/> Friendship Skills	<input type="checkbox"/> Functional Numeracy and literacy - work
<input type="checkbox"/> Personal Appearance	<input type="checkbox"/> Kitchen cleaning and safety	<input type="checkbox"/> Using the local area	<input type="checkbox"/> Awareness of others	<input type="checkbox"/> Community-based leisure	<input type="checkbox"/> Seeking a job
<input type="checkbox"/> Sexuality	<input type="checkbox"/> Safety in the home	<input type="checkbox"/> Functional numeracy and literacy - the community	<input type="checkbox"/> Sexual Relationships	<input type="checkbox"/> Responsibility to others	<input type="checkbox"/> Specific work skills
<input type="checkbox"/> Personal Safety	<input type="checkbox"/> Shopping/Budgeting		<input type="checkbox"/> Awareness of others	<input type="checkbox"/> Functional Numeracy and Literacy - leisure skills	<input type="checkbox"/> Rights and Responsibilities
<input type="checkbox"/> Functional Numeracy and literacy - self care	<input type="checkbox"/> Functional Numeracy and literacy – in the home		<input type="checkbox"/> Functional Numeracy and Literacy - interpersonal skills		
			<input type="checkbox"/> Social Etiquette		

Document Type: FORM	Doc Ref No: LS-QMS-FOR- 054	Version No: 1
Date of Effect: 1 December 2018	Due for Review: 1 November 2019	Page 9 of 13
MASTER DOCUMENT – UNCONTROLLED WHEN PRINTED UNLESS SIGNED IN RED		

2019 Registration Form

Disability Programs

Primary Contact – Parent/Carer A and Emergency Contact 1

Title		Given Name		Surname	
Relationship to the applicant					
Address					
Suburb		State		Postcode	
Gender		Date of Birth		Country of Birth	
Home Number		Work Number			
Mobile Number		Preferred Number			
Email					
Primary Language					
Place of Employment					
How often would you like to be contacted as part of the applicant's progress?					
<input type="checkbox"/> Every 3-4 months		<input type="checkbox"/> Every 6 months		<input type="checkbox"/> Annually	
* If there is an incident or significant change in the applicant's progress or behaviour, you will be contacted as soon as possible to discuss support options and strategies.					

Primary Contact – Parent/Carer B

Title		Given Name		Surname	
Relationship to the applicant					
Address					
Suburb		State		Postcode	
Gender		Date of Birth		Country of Birth	
Home Number		Work Number			
Mobile Number		Preferred Number			
Email					
Primary Language					
Place of Employment					

Document Type: FORM	Doc Ref No: LS-QMS-FOR- 054	Version No: 1
Date of Effect: 1 December 2018	Due for Review: 1 November 2019	Page 10 of 13
MASTER DOCUMENT – UNCONTROLLED WHEN PRINTED UNLESS SIGNED IN RED		

2019 Registration Form

Disability Programs

Emergency Contact 2 (Must be authorised to collect the applicant)

Title		Given Name		Surname	
Relationship to the applicant					
Address					
Suburb		State		Postcode	
Gender		Date of Birth		Country of Birth	
Home Number		Work Number			
Mobile Number		Preferred Number			
Email					
Primary Language					
Place of Employment					

***NB:** Emergency contacts must live or work in Canberra or surrounding area and they must be authorised to collect applicants if the parent/s are not immediately available. Parents/ carers can be the emergency contacts but please provide at least one person who is not the applicant's parent/carer but is authorised to collect the applicant.

Custody:

Is there any person/s (including relatives, friends, paid/unpaid carers) associated with the applicant that is legally denied access? Please attach relevant documentation to support this.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other than Primary & Emergency Contacts listed above, who is authorised to pick up the applicant from the centre?		
Name	Relationship	Contact Number/s

2019 Registration Form

Disability Programs

Authorisation:

I consent to the participant being involved in all excursions within the program under the supervision of educators and support workers. Notification will be provided for any excursions involving the use of transport or away from the program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I consent to the participant being transported by Communities@Work bus or car as required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the event of an accident, injury, trauma or illness, I consent to the participant being given medical treatment in an emergency situation from an ambulance service. I consent to the participant being transported by ambulance to hospital, if required. I agree to meet any medical and ambulance expenses incurred. I understand that staff cannot travel with the participant in the ambulance or make medical decisions on their behalf.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand and accept that medication can only be administered to the participant when written authorisation has been given by the parent/guardian or authorised nominees detailed on this enrolment form – authorisation will not be accepted from any person not listed on this form. The medication must be in a Webster pack, or if in liquid form have the pharmacists label attached to the bottle/tube.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I consent to the administration of a bronchodilator using an inhaling device if the participant should suddenly collapse and/or have difficulty in breathing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In accordance with Cancer Council recommendations, I consent for SPF30+ sunscreen to be applied to all unprotected areas of skin of the young person for outside activities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I consent for the participant to view PG rated programs (TV, DVD, videos or movies) and play PG rated computer games.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I consent for the participant to be involved in planned excursions as per the advertised program activities on the day/s the participant attends the program. Notification will be provided for any excursions involving the use of transport or away from the program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am aware that the Communities@Work complaints process is available and can be accessed at any time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that all fees not covered by the NDIA will be invoiced and must be paid within the required timeframe. I understand that I need to contact the Finance team if I need to arrange a payment plan or a direct debit.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that if the participant is not picked up on time, further charges to their NDIS plan may occur. I also understand that charges may occur if I do not advise of non-attendance according to the Service Agreement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that Communities@Work may ask the applicant to leave the program early and suspend services for a day or several days where Behaviours of Concern have caused injury to another person or equipment to be damaged or is putting others at extreme increased risk. I also understand that continued behaviour in this nature may result in termination of services.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give consent for photographs to be used for external use for Communities@Work marketing material? Images may be used at any time and will remain in the Communities@Work archives indefinitely.		
<input type="checkbox"/> Yes, I give permission	<input type="checkbox"/> No, never photograph for these purposes	
Do you give consent for photographs to be taken for internal use in the program displays in centre, recording observations and future planning? Images may be used at any time and will remain in the Communities@Work archives indefinitely.		
<input type="checkbox"/> Yes, I give permission	<input type="checkbox"/> No, never photograph for these purposes	
Title	Given Name	Surname
Signature	Date	

Document Type: FORM	Doc Ref No: LS-QMS-FOR- 054	Version No: 1
Date of Effect: 1 December 2018	Due for Review: 1 November 2019	Page 12 of 13
MASTER DOCUMENT – UNCONTROLLED WHEN PRINTED UNLESS SIGNED IN RED		

2019 Registration Form

Disability Programs

Parent/ Guardian Terms and Conditions

I/We (insert names)

Title		Given Name		Surname	
and					
Title		Given Name		Surname	

agree to the following terms and conditions:

- 1) I/we confirm that the information contained in this form is a true and accurate description of the support needs of the applicant.
- 2) I/we understand applications are based on information contained in the Registration Form, funds available and vacancies within the chosen program.
- 3) I/We understand that we may be contacted via phone to discuss any aspect of the application to ensure that we are able to provide the supports.
- 4) I/we understand that Communities@Work will draw up a One Page Profile for the applicant based on the information in the Registration Form and subsequent conversations. Staff will then use this to support the applicant. I/we understand that this will be reviewed on a regular basis and as their needs change.
- 5) I/we understand that the Registration Form will need to be completed once per year to keep information up to date and meet legislation requirements. I/we understand that we must notify Communities@Work if any of the information contained in this form changes.
- 6) I/we understand that the placement may be subject to a probationary period of 3 months to ascertain suitability to the program and provide an opportunity for a settling in period.
- 7) I/we understand that the placement may be impacted by Extreme Behaviours of Concern which put others at Higher Risk or if a person is showing that they do not wish to attend long term.
- 8) I/we understand that the program activities will be advised in advance however, advertised program activities may change without notice due to circumstances beyond the control of Communities@Work.
- 9) I/we acknowledge that fees may be reviewed and changed and that Communities@Work shall notify families in these instances.
- 10) I/we understand that, when enrolment has been processed, confirmation will be given by email or phone and a Service Agreement will be drawn up and signed by all parties prior to service commencement. This agreement should contain a copy of the relevant goals and funding allocations from the NDIS plan. Communication of any amendments or cancellations need to be advised as early as possible to assist Communities@Work to manage staffing and activities.

Applicant or Parent/ Guardian 1 Signature		Date	
Applicant or Parent/ Guardian 2 Signature		Date	

Please note: Enrolments will not be processed unless both parents/guardians listed on this form have accepted the Terms and Conditions by signing this form. *Please return all pages, completed, to the Operations Coordinator, Lifestyle Services (disability@commsatwork.org), who will then create an electronic file as well as a paper file. The form will then be assessed with all other applicants to view suitability and funding. Please allow seven to fourteen days for processing before required commencement date. All records and information are maintained in accordance with all relevant Privacy Records Management legislation.*

Document Type: FORM	Doc Ref No: LS-QMS-FOR- 054	Version No: 1
Date of Effect: 1 December 2018	Due for Review: 1 November 2019	Page 13 of 13
MASTER DOCUMENT – UNCONTROLLED WHEN PRINTED UNLESS SIGNED IN RED		