

SPECIAL CARE TRAVEL BOOKING FORM

Tour Name
Tour Dates
Name of Traveler Gender DOB
Street Address Suburb
Post Code State Home Phone Mobile
24 Hour Emergency Contact Person Phone Mobile
Medicare No Pension No Companion Card No
Passport No if going overseas or cruising Expiry Date

[Travel Insurance is mandatory for Cruises & Overseas Travel please provide copy of certificate](#)

Any Known Allergies or Phobias

Medical Condition/Description of Disability

Doctors Name Phone Fax
Doctors Address or Email
Care Facility or Organisation Name Manager
Office Address Suburb State Postcode
Email Phone Mobile

Person completing this booking form, Carer, Parent, Legal Guardian, Decision Maker

Name Relationship
Address Suburb State Postcode
Phone Mobile Fax/Email

MEDICATION

Special Care Travel staff are certified to assist with administering medication and will assist you to take your medication if required, as per instructions provided to us. Medication must be in Webster packs with 3 days extra in case of unexpected circumstances. All other Medications must be clearly labeled with clear administration instructions.

Please attach a photograph to Webster pack. Please complete consent below.

I give consent for Special Care Travel to assist in administering Medication to

Name of Medication	Dosage	Times	Path
:			
:			
:			
:			
:			
:			
:			
:			
:			

NDIS Details Please answer yes to one of the following.

Agency Managed	Plan Managed	Self-Managed	Co Ordinator's Name
Phone	Email		
Organisation Name		Address	
Phone	Email		
Participants NDIS No.	Plan Start Date	Plan End Date	

Please read the following carefully before you sign.

BOOKING CONFIRMATION

Travelers Holiday booking will be confirmed on receipt of the following:
Completed Booking and Medical Forms with the Terms & Conditions signed.
Deposit of \$500 required for all domestic holidays and \$1000 for all International Holidays.
All bookings are subject to our acceptance.

PAYMENT DETAILS

Payments via EFT to Special Care Travel ANZ Bank BSB 014 688 Account 219985625
Cheque to Special Care Travel P.O. Box 710 Pacific Fair Qld 4218

TRAVEL INSURANCE

Travel Insurance is mandatory for all our overseas holidays and Cruises within Australia.
We strongly recommend that travelers take out effective and adequate Travel Insurance at the time of making payment, to protect against the possibility that belongings may be lost, stolen or destroyed or that any injury may be suffered while on tour or cancellation costs due to unforeseen circumstances.
Please be sure to disclose any pre-existing medical conditions on your application for Insurance as these conditions not disclosed or approved will not be covered by the Insurer.

CANCELLATIONS

As the special care and planning required to make our tours so successful requires long term planning, we are required to make firm commitments well prior to the commencement date of the tour, such as paying for airline tickets, transport, accommodation, and to appoint staff months in advance of tours, therefore we are generally not entitled to reimbursement in cases of cancellation.

Deposits must be paid within 14 days of booking or immediately if within 60 days of departure.

Should the cancellation be needed due to natural disaster, act of God, threat of terrorism or similar reasons and we have paid third party suppliers and are not entitled for refunds. Special Care Travel is unable to refund any amounts that are unrecoverable. All cancellations must be made in writing to Special Care Travel.

Cancellation fees are:

\$200 of the Deposit paid is non-refundable to cover our administration costs.

Australian Holidays 1-30 Days prior to departure 100%
31-60 Days prior to departure 50%

Cruise Air or Train 0-60 Days prior to departure 100%
61-90 Days prior to departure 50%

International 0-120 Days prior to departure 100%
121-150 Days prior to departure 50%

Payments will be fully refunded if we replace the position on the tour. If the tour involves an airfare, cruise payment the cost of the name change on the ticket will need to be deducted from refund.

Final payment must be received by Special Care Travel by the due date on your invoice

NDIS portion will be claimed from your plan as soon as the holiday has been completed.

If your plan changes or is suspended, replaced and we are unable to claim the agreed NDIS portion the Traveler or Legal representative will be liable for the balance owing.

SPECIAL CARE TRAVEL RESERVES THE RIGHT TO

Cancel, modify or change a tour due to circumstances beyond our control or that the minimum number of participants is not reached.

We will give you reasonable notice of the change or cancellation and offer a comparable holiday, should you wish not to change we will give a full refund.

Special Care Travel reserves the right to withdraw any traveler or anyone whose behaviour is likely to affect the smooth operation of the tour or adversely affect the enjoyment or safety of themselves, other travelers, staff or other people. Special Care Travel shall be under no liability to such person. The traveler will be liable in the event of any damage to property or persons which they may have caused. In the event of a traveler needing to be withdrawn from our tour due to medical or behaviour reasons, it is the responsibility of the person being withdrawn, or their Guardian, to meet the costs incurred by Special Care Travel in the process of returning that person. It is the responsibility of the person's Carer or Organisation to collect the traveler from our holiday location. Please be aware that Special Care Travel does not cater for self-injurious, violent or aggressive behaviours. Staff ratios are set to ensure the safety of everyone whilst on holiday and that the staff ratio is appropriate to the Travelers needs.

SPECIAL CARE TRAVEL TERMS AND CONDITIONS

HOLIDAY INCLUSIONS

Return travel from departure point.
All meals Breakfast, Lunch & Dinner
All sightseeing entries
Accommodation
Personal care & full support
Photos from holiday

NOT INCLUDED

Cost of passports, visas, permits and re-entry visas
Airport tax (where applicable)
Excess baggage expenses Over 20kg in weight or oversize items.
Wheelchair and other equipment rental (Although we can organise these for you)
Travel Insurance, repair, or replacement of any property damaged
Purchase of toiletry laundry or medical items, drinks, telephone expenses and other items of a personal nature.
Any medical costs, or costs arising from a medical condition or health reasons that may require extra accommodation, transport or change of passage will be at the Travelers or the Legal Representatives expense.

PHOTO AND VIDEO IMAGES

Photo's and video will be taken whilst on holidays and may be used in promotional material unless requested otherwise by the traveler.

MEDICATION

It is the responsibility of the person completing the Booking & Medical Forms to ensure that Special Care Travel is provided with true & accurate details pertaining to the traveler's care requirements and medical needs. Special Care Travel may request to add complex health plan or individual support strategies that are current and have been signed by the travelers Medical Practitioner. Whilst every care is taken to provide for all your needs made known to us prior to the tour, we require full details of any required medication, medical conditions or disabilities to enable us to support the traveler's needs. No responsibility can be taken for any conditions or requirements not stated on our Booking and Medical Forms.

In the event of an emergency requiring immediate medical attention, the Traveler & their Legal Guardian give Special Care Travel permission for a qualified medical officer to treat them.

ACKNOWLEDGEMENT

SPECIAL CARE TRAVEL PTY LTD provides professional caring service to travelers, however, we accept no liability or responsibility for any injury or loss to traveler's person or property during or prior to the holiday

I hereby release Special Care Travel Pty Ltd from all liability arising out of or in any way related to any injury or loss suffered by me during, or arising out of, any tour which I may undertake with the company. I agree to indemnify the company from and against any loss, demand, expense or liability whatsoever suffered or incurred as a result of any mis-statement in this application. I agree to repay any monies required to be expended by Special Care Travel Pty Ltd in providing or procuring additional medical facilities or services on my behalf during the tour or as a result of my not having adequate and effective Travel Insurance. I warrant that the information inserted into this application form clearly, fully and accurately states my medical condition and support requirements.

I /We have read and understand the Terms and Conditions and agree to abide by them.

Guardian/Carer or person responsible for signing on behalf of Traveler

Name.....

Relationship to the Traveler.....

Signature.....

Date.....

Traveler/Participants Name

Signature

Date.....

Special Care Travel Medical Information

Name of Traveler Gender D.O.B
 Height Weight Build Complexion Eye Colour
 Hair Colour Hair Length Ethnicity Religion
 Beard Glasses Any other distinguishing features

Name of person completing this form on your behalf

Phone Mobile Relationship to you

Immunisation

Tetanus: Whooping Cough: Diphtheria: Measles: Rubella

Influenza: Hepatitis Mumps Triple Antigen Other

Any known allergies Blood Type if known

Communicable Disease known or suspected

Medical History	YES NO	Details of assistance required
Asthma		
Diabetes		
Epilepsy		
Heart Condition		
Kidney Complaint		
Hay Fever		
Blood Pressure		
Depression		
Migraine/Headache		
Incontinence		
Blackouts/Dizzy Spells		
Memory Loss/Dementia		
Physical Impairment		
Visual Impairment		
Hearing Impairment		
Speech Impairment		
Unsafe Behaviour/absconding		
Aggressive Behaviour		
Anti-Social Behaviour		
Psychological		
Travel Sickness		
Sleep Walking		
Sleep Apnoea		
Inappropriate Sexual Behavior		
Other		

Please attach further information if necessary

Epilepsy Details

Type of Seizures

Severity & frequency

Possible Triggers

Within the past 12 months how many times were you admitted to hospital?

Name of Hospital

Reason for admission

Attach Epilepsy Management Plan if available or describe support requirements.

Specialist Physician Name

Phone

Address or Email

Personal Care Requirements	No Support	Prompt Only	Full Support	Details of assistance required
Showering				
Washing Hair				
Cleaning Teeth				
Shaving				
Toileting				
Menstrual Hygiene				
Choosing Clothes				
Dressing				
Eating				
Cutting Food				
Drinking				

Additional Instructions

Mobility Details

Do you have mobility difficulties?

Do you use a mobility aid? Please describe

Can you mount steps independently?

Do you have depth perception impairment?

Are you unsteady on your feet in any way?

Are you only able to walk short distance?

If you use a wheelchair or scooter what type is it?

Can you transfer with minimal support?

Can you board a bus independently?

Do you require support to cross a road?

Do you need to use a disabled lavatory?

Please attach more details if required

Continence

Do you experience incontinence?

Please detail incontinence support required

Do you require prompting to use the toilet regularly?

Do you use a continence aid at all times or only overnight or on long outings?

Do you require assistance with your aid?

Do you require bedtime aids Kylie or Mattress Protector?

Please list any other continence aids and support required

Dietary

Do you have any special dietary requirements?

For more complex needs please attach Eating & Drinking Plan & Suggested Menu Plan

Do you have any food allergies?

List your favourite foods

List foods you dislike

Please provide any specialised equipment you require at mealtimes.

Any additional instructions

Communication

Do you respond to verbal speech in the appropriate way?

What other forms of communication do you use?

Can you read? Write? Sign your Name? Tell the time?

If you are non-verbal please attach Communication Support Plan

Please supply any other Communication Aids required to support you

Any other additional instructions

Behaviour

Are any of the following behaviours used to communicate needs or feelings

Crying Yelling Hitting/Punching/Pinching Biting/Kicking Scratching

Rocking Head Banging Breaking/Throwing Objects Social Withdrawal

Swearing Injuries to Self, Staff or Others

How often does this occur?

Describe in detail words or gestures that are also used

What are the warning signs?

How long does it last?

What strategies are used to manage the behavior?

Please provide Behaviour Support Plan if available

Any other behavioural issues we need to be aware of to support you effectively?

Special Care Travel is unable to cater for travelers with aggressive or violent behaviours

Important information about you

Are you aware of the dangers of Pools? Roads? Heights? Stranger Danger?

Can you swim unsupervised?

Do you consume alcoholic drinks? How many per day? Do you smoke?

Do you require support during the night?

Do you require support with money management?

Are you likely to steal in any way?

Are you inclined to wander or abscond from the tour group?

Any other specific supervision required?