Office Use Only:

Received:

Region:

Interview:

Outcome:………………………

People Outdoors

**Expression of Interest**

**PRIVACY STATEMENT:**

People Outdoors is committed to protecting the privacy of your personal information. The information on this form is collected for the primary purpose of selection for our programs. If you choose not to complete all the questions on this form, your application may not be considered. Personal information may also be disclosed to the relevant authorities in the event of a medical emergency. If you wish to access your personal information or inquire about the handling of your personal information, please contact People Outdoors on (03) 9863 6824.

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Name of applicant: ………………………………………………………………………………………………..

Address: …………………………………………………………………………………Postcode:…………….

Date of birth: …………………………………………………………………………… Age: ………………….

Gender: Male [ ] Female [ ]

Disability: ………………………………………………………………………………………………………….

Carer / contact person: …………………………………………………………………………………………

Email address: ……………………………………………………………………………………………………

Mobile / phone number: …………………………………………………………………………………………

Relationship to applicant: ……………………………………………………………………………………….

Date of camp preferred: …………………………………………………………………………………………

Do you live: with your family [ ]

in supported living accommodation [ ]

other [ ]

Have you been away from home before? Yes [ ] No [ ]

Have you ever been on a People Outdoors program? Yes [ ] No [ ]

Do you have an NDIS package? Yes [ ] No [ ]

How is your NDIS package managed? ………………………………………………………………………

Do you need assistance in any of the following areas (please tick all that apply):

Personal care [ ] Lifting [ ]

Communication [ ] Supervision [ ]

Mobility [ ] Medication [ ]

Behaviour management [ ] Other: ……………………………………………………………….

Support ratio required: 1:1 [ ] 1:2 [ ] 1:3 [ ]

Do you require support during the night: Yes [ ] No [ ]

Do you have any medical conditions or need any special assistance (e.g. peg fed, anaphylaxis etc.)?

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

Do you use a wheelchair? Yes [ ] No [ ]

Do you have any special interests (e.g. horse riding, craft, ball games etc.)?

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

What would you like to get out of the People Outdoors program?

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

Do you have any specific goals you would like People Outdoors to help you achieve on a program?

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

How did you find out about People Outdoors? Please tick and provide details:

Case Manager [ ] ……………………………………………………………….

Plan Manager / Support Coordinator [ ] ……………………………………………………………….

School [ ] ……………………………………………………………….

Expo [ ] ……………………………………………………………….

I am a current camper [ ] ……………………………………………………………….

Internet search [ ] ……………………………………………………………….

Social media [ ] ……………………………………………………………….

Word of mouth [ ] ……………………………………………………………….

Other [ ] ……………………………………………………………….

Please return by either of these methods:

**Mail to:** People Outdoors

Corporate One

84 Hotham St

Preston VIC 3072

**E-mail to:** <peopleoutdoors@auscamps.asn.au>