



CAMPER INTAKE FORM

NAME:	
DATE OF BIRTH:	
ADDRESS:	
EMAIL:	
PHONE NUMBER:	

EMERGENCY CONTACT 1

NAME:	
ADDRESS:	
MOBILE/HOME:	
EMAIL:	
RELATIONSHIP:	

EMERGENCY CONTACT 2

NAME:	
ADDRESS:	
MOBILE/HOME:	
EMAIL:	
RELATIONSHIP:	

Do you have an NDIS package?	Yes		No	
How is your package managed?	Self-managed		Plan-managed	
Plan start/end date	Start		End	
Do you have STA supports in your package? (STA participants only)	Yes		No	



Do you suffer from any allergies? <i>If yes please list below</i>	Yes		No	
Do you suffer from travel sickness?	Yes		No	
Do you drink alcohol?	Yes		No	
Do you currently take any medication? <i>If yes, please list below</i>	Yes		No	
Can you take your medication on your own without any help?	Yes		No	

Please write any further information regarding the above here...

<i>Do you require assistance with any of the following?</i>					
Meal preparation, eating/drinking	comments...	Yes		No	
Toileting		Yes		No	
Assistance toileting at night i.e. wake up alarm for toilet prompt		Yes		No	
Showering		Yes		No	
Dressing i.e. shoelaces		Yes		No	
Do you suffer from any sleep disturbances?		Yes		No	
What are your usual sleeping hours? <i>(STA participants only)</i>		P.M (SLEEP)		A.M (WAKE)	



Are there any underlying medical conditions or behaviours you feel we should know about to be able to fully support you?	Yes		No	
Do you have any concerns about staying away from home? (STA participants only)	Yes		No	

If yes to the above, please describe here...

What sort of things are you looking to experience on your adventure? (Please tick all that apply, STA participants only)	Exploring by 4WD	Hiking	Relaxing in nature	Camp cooking
	Tours (Indigenous & local history, wineries etc)	Fishing	Adrenaline activities (ziplining, abseiling etc)	Other (please describe below)
	comments...			

Do you have any favourite foods? (We will endeavour to include these on your trip, STA participants only)	
Are there any foods you don't like? (STA participants only)	

If we went on a walk or hike, how far would you be comfortable to go? (STA participants only)	½ to 1km	1-3km	3-5km	over 5km
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CONSENT TO COLLECT INFORMATION

By signing, you consent to Adventure All collecting and storing your information. The organisation is committed to upholding your privacy and agrees to only collect, store and share information in accordance with the Privacy Act.

CAMPER NAME: _____

CAMPER SIGNATURE: _____

DATE: _____

PARENT/CARER NAME: _____

PARENT/CARER SIGNATURE: _____

DATE: _____

MEDIA CONSENT

The staff may take photos and videos while on the trip, this could be for client use or for media and advertising purposes. If you would not like your image captured, or do not consent to your likeness being published please indicate below.

PHOTOS	Consent to take photos?	Yes		No	
	Consent to post photos on AdventureAll social media?	Yes		No	
	Consent for AdventureAll to use photos for marketing?	Yes		No	
VIDEO	Consent to take video footage?	Yes		No	
	Consent to post video on AdventureAll social media?	Yes		No	
	Consent for AdventureAll to use video for marketing?	Yes		No	

CAMPER NAME: _____

CAMPER SIGNATURE: _____

DATE: _____

PARENT/CARER NAME: _____

PARENT/CARER SIGNATURE: _____

DATE: _____