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.

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:

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Holiday Program</td>
<td>Teens – Gungahlin</td>
</tr>
<tr>
<td></td>
<td>Teens - Tuggeranong</td>
</tr>
<tr>
<td></td>
<td>Children – Malkara</td>
</tr>
<tr>
<td>Young Adults</td>
<td>Adults</td>
</tr>
<tr>
<td></td>
<td>Teens After School Care</td>
</tr>
<tr>
<td></td>
<td>Gungahlin</td>
</tr>
<tr>
<td></td>
<td>Tuggeranong</td>
</tr>
</tbody>
</table>

**Preferred days of attendance:**

- Monday
- Tuesday
- Wednesday
- Thursday
- 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.*
### Applicant’s Personal Information

<table>
<thead>
<tr>
<th>Title</th>
<th>Given Name</th>
<th>Surname</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Suburb</th>
<th>State</th>
<th>Postcode</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Date of Birth</th>
<th>Country of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NDIS Number</th>
<th>Support Item Number/ Description</th>
</tr>
</thead>
</table>

Is the applicant of Aboriginal descent?  
☐ Yes  ☐ No

Is the applicant of Torres Strait Islander descent?  
☐ Yes  ☐ No

School Attending (where applicable)

Does the applicant consent to exchange of information regarding progress/support requirement/updates from the school?  
☐ Yes  ☐ No

### Allergies / Dietary Requirements:

Does the applicant have any allergies, food intolerances or dietary restrictions?  
☐ Yes  ☐ No

If yes, please provide details
Medical Information:

Does the applicant have any medical conditions such as: asthma, diabetes, epilepsy etc? □ Yes □ No

If yes, please provide details and an Action Plan from your GP/specialist

Does the applicant take any regular medication? eg: Ventolin, etc □ Yes □ No

If yes, please provide details including if the medication is required during program hours and if the applicant is able to self-administer
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)

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

<table>
<thead>
<tr>
<th>Life Area</th>
<th>Always need support in this life area</th>
<th>Sometimes need support in this life area</th>
<th>Does not need support in but use aids or equipment</th>
<th>Does not need support in this life area and does not use aids or equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication (making one's self understood)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please provide details

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MASTER DOCUMENT – UNCONTROLLED WHEN PRINTED UNLESS SIGNED IN RED
### 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?**

<table>
<thead>
<tr>
<th>Behaviour of Concern</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bite their hand/arms</td>
<td></td>
</tr>
<tr>
<td>Hit themselves</td>
<td></td>
</tr>
<tr>
<td>Hit other people</td>
<td></td>
</tr>
<tr>
<td>Walk away</td>
<td></td>
</tr>
<tr>
<td>Throw items</td>
<td></td>
</tr>
<tr>
<td>Throw items at others</td>
<td></td>
</tr>
<tr>
<td>Accident Movement/ startle reflex</td>
<td></td>
</tr>
<tr>
<td>Sudden movements</td>
<td></td>
</tr>
<tr>
<td>Grabbing others</td>
<td></td>
</tr>
<tr>
<td>Holding on to others</td>
<td></td>
</tr>
<tr>
<td>Leaning on others</td>
<td></td>
</tr>
<tr>
<td>Tripping</td>
<td></td>
</tr>
<tr>
<td>Absconding</td>
<td></td>
</tr>
<tr>
<td>Stranger Danger</td>
<td></td>
</tr>
<tr>
<td>Abuse of alcohol</td>
<td></td>
</tr>
<tr>
<td>Gambling</td>
<td></td>
</tr>
</tbody>
</table>

**Hazard Exposure:**

- Electricity
- Poisons
- Travelling in vehicles
- Fire Lighting
- Water
- Flammables
- Slamming Doors
- Roads
- Sharps
- Stove/Ovens
- Sun Exposure

**Other, please provide details**

**What frustrates the applicant?**

- When there are changes
- When they are bored
- When the people around them are too loud
- When they don’t have enough space
- When they are unsure or don’t know what they’ll be doing
- When there is an unfamiliar staff person supporting

**Other, please provide details**

**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

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.

□ Listening to music  □ Dancing  □ Singing  □ Bowling
2019 Registration Form
Disability Programs

☐ Cooking  ☐ Cleaning  ☐ Window Shopping  ☐ Computer / ipad

☐ Sports including gym, walking, ball games, swimming  ☐ Reading or being read to  ☐ 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.

<table>
<thead>
<tr>
<th>Self Care</th>
<th>Home Skills</th>
<th>Community</th>
<th>Interpersonal</th>
<th>Leisure Skills</th>
<th>Work Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Personal Hygiene</td>
<td>☐ Food Preparation</td>
<td>☐ Knowledge of community Facilities</td>
<td>☐ Communication Skills</td>
<td>☐ Home-based leisure</td>
<td>☐ General Work Skills</td>
</tr>
<tr>
<td>☐ Self-Identification</td>
<td>☐ Care of Clothes</td>
<td>☐ Safety in the Community</td>
<td>☐ Awareness of self</td>
<td>☐ Planning leisure time</td>
<td>☐ Behaviour at work</td>
</tr>
<tr>
<td>☐ Health</td>
<td>☐ Cleaning</td>
<td>☐ Use of public transport</td>
<td>☐ Making Friends</td>
<td>☐ Friendship Skills</td>
<td>☐ Functional Numeracy and literacy - work</td>
</tr>
<tr>
<td>☐ Personal Appearance</td>
<td>☐ Kitchen cleaning and safety</td>
<td>☐ Using the local area</td>
<td>☐ Awareness of others</td>
<td>☐ Community-based leisure</td>
<td>☐ Seeking a job</td>
</tr>
<tr>
<td>☐ Sexuality</td>
<td>☐ Safety in the home</td>
<td>☐ Functional numeracy and literacy - the community</td>
<td>☐ Sexual Relationships</td>
<td>☐ Responsibility to others</td>
<td>☐ Specific work skills</td>
</tr>
<tr>
<td>☐ Personal Safety</td>
<td>☐ Shopping/ Budgeting</td>
<td>☐ Awareness of others</td>
<td>☐ Functional Numeracy and Literacy - leisure skills</td>
<td>☐ Rights and Responsibilities</td>
<td></td>
</tr>
<tr>
<td>☐ Functional Numeracy and literacy - self care</td>
<td>☐ Functional Numeracy and literacy – in the home</td>
<td>☐ Functional Numeracy and Literacy - interpersonal skills</td>
<td>☐ Social Etiquette</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Primary Contact – Parent/Carer A and Emergency Contact 1

<table>
<thead>
<tr>
<th>Title</th>
<th>Given Name</th>
<th>Surname</th>
</tr>
</thead>
</table>

Relationship to the applicant

Address

Suburb  State  Postcode

Gender  Date of Birth  Country of Birth

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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?**

- [ ] Every 3-4 months
- [ ] Every 6 months
- [ ] 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**

<table>
<thead>
<tr>
<th>Title</th>
<th>Given Name</th>
<th>Surname</th>
</tr>
</thead>
</table>

Relationship to the applicant

Address

<table>
<thead>
<tr>
<th>Suburb</th>
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<th>Postcode</th>
</tr>
</thead>
</table>

**Gender**
**Date of Birth**
**Country of Birth**

Home Number | Work Number
---|---
Mobile Number | Preferred Number

Email

Primary Language
Place of Employment

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

<table>
<thead>
<tr>
<th>Title</th>
<th>Given Name</th>
<th>Surname</th>
</tr>
</thead>
</table>

Relationship to the applicant

Address

<table>
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<tr>
<th>Suburb</th>
<th>State</th>
<th>Postcode</th>
</tr>
</thead>
</table>

**Gender**
**Date of Birth**
**Country of Birth**

Home Number | Work Number
---|---
Mobile Number | Preferred Number
**2019 Registration Form**

**Disability Programs**

<table>
<thead>
<tr>
<th>Email</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Primary Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of Employment</td>
</tr>
</tbody>
</table>

*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:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Contact Number/s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
**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.  

I consent to the participant being transported by Communities@Work bus or car as required.  

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.  

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.  

I consent to the administration of a bronchodilator using an inhaling device if the participant should suddenly collapse and/or have difficulty in breathing.  

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.  

I consent for the participant to view PG rated programs (TV, DVD, videos or movies) and play PG rated computer games.  

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.  

I am aware that the Communities@Work complaints process is available and can be accessed at any time.  

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.  

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.  

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.

---

**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.  

- Yes, I give permission  
- 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.  

- Yes, I give permission  
- No, never photograph for these purposes

<table>
<thead>
<tr>
<th>Title</th>
<th>Given Name</th>
<th>Surname</th>
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</table>

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**Date of Effect:** 1 December 2018  
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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.