



CROSSROADS HOLIDAY PASSENGER INFORMATION

Return to:
Crossroads Sydney
PO Box 143
NARELLAN NSW 2567

PART 1. My holiday details and Information for Hawaii

Thank you for your interest in the holiday to Hawaii. Kindly complete the following form and return ASAP with a deposit of \$2,000 or the full amount of \$6,500 to the above address.



My name as on my Passport is:.....

I like to be called:.....

My home address is:.....

.....

I am Female Male

My Emergency Contact Details

Parent/s Family/friend Service Provider Other

Name:..... Phone Mob;.....

Address:.....

Email:.....

Secondary Contact

Family/friend Service Provider Other

Name:..... Phone Mob;.....

Address:.....

Email:.....

Part 2

About me and my support requirements

THE FOLLOWING IMPORTANT INFORMATION ABOUT **HOW TO SUPPORT ME TO STAY HEALTHY AND SAFE** DURING MY HOLIDAY IS ATTACHED: Crossroads Sydney, the supporting body, is to be made aware of any risks that are specific to this holiday, and which may affect the person or those supporting the person at any stage of the holiday.

Client Risk Management Plan

You are required to review the person's Client Risk Profile if the person is going on a holiday for the first time, or they are going to a new holiday destination or their needs have changed since the last review.

Attach a copy of the Client Risk Management Plan and any additional support plans as indicated below.

One page profile / Communication profile / plan / tools

Medication plan / Medication chart: Ensure that Webster Packs for all medication required during the holiday are arranged and ready to take for the holiday, with current photograph attached to Webster. No medication should be provided outside a Webster Pack & ALL medication MUST be handed to the carer appointed!!

Mealtime management plan / eating and drinking plan / nutrition profile: Ensure that the Nutrition and Swallowing Checklist is up to date and review if required. Also any dietary needs are clear with directions

Behaviour support plan REQUIRED : Is PRN MEDICATION required for Behaviour / anxiety ?

Please provide written detail for strategies and PRN administration.

Health Care: Please identify any medical and health alerts e.g. allergies, specific health conditions that may impact on the holiday. A copy of the health plan may be attached if there are complex health issues otherwise attach only specific health management plans as per below.

Epilepsy management plan / Asthma management plan / Diabetes management plan / Bowel management plan / Manual handling plan / Other plan (name):

A GP must authorise the need for the medications and the ability to travel to the destination taking into account time changes.

PLEASE ADVISE IF YOU MAY NEED ASSISTANCE WITH SOME OF THE FOLLOWING DAILY LIVING ACTIVITIES:

Activity: Provide information on the level of support required, personal preferences or indicate any relevant support plans that are attached

Access and mobility needs e.g. Lifting, manual handling or mobility aids e.g. hoists, wheelchair

Personal care

Hygiene, Toileting, Menstrual care, Dressing, Grooming

Money skills Money (\$USA) MUST be placed in daily envelopes and given to the carer for distribution on a daily basis if unable to control by self

Risk assessment

Are there any potential risks to the person and their property associated with this holiday? If 'YES' please advise

Yes No

Part 3 Emergency contacts & Consent and endorsement

Travel and medical insurance (A copy of this Insurance MUST be provided before travel is commenced)

Consent

Tick the relevant box and provide the name of the person giving consent

Self Family member Guardian Other

I give consent for: to participate in the holiday with the support arrangements as outlined.

I understand the person will be absent from their normal place of residence from:
..... (date of departure) to: (date returned home).

NOTE: *I understand that although the helpers will take reasonable care to ensure both the comfort and safety of attendees Crossroads Christian Fellowship NSW Inc (Crossroads) and its helpers will not incur any responsibility or liability whatever for any accident, injury arising from such accident to any attendee or any damage or loss to his or her property which may happen through any circumstances other than gross negligence on the part of Crossroads or its agents. Consent is given to Crossroads to seek qualified medical treatment if considered necessary. Consent is also given to Crossroads and its agents under the Privacy Act 1988 (Commonwealth) to collect, maintain, use and disclose the above information for the stated purpose. Consent is also given for photographs taken during this holiday to be used for publicity unless otherwise advised.*

Name of person completing this form:.....

Signature:.....**Date:**.....

INFORMATION FOR ESTA FORM FOR ENTRY INTO AMERICA

CITY OF BIRTH: _____

COUNTRY OF BIRTH: _____

PARENTS

FATHER: FAMILY NAME: _____

FIRST (GIVEN): _____

MOTHER: FAMILY (Maiden) NAME: _____

FIRST (GIVEN) NAME: _____

PASSPORT INFORMATION

PASSPORT NUMBER: _____

ISSUING COUNTRY: _____

ISSUANCE DATE: _____

EXPIRATION DATE: _____

COUNTRY OF CITIZENSHIP: _____

HAVE YOU EVER BEEN ISSUED A PASSPORT OR NATIONAL IDENTITY CARD FOR TRAVEL
BY ANY OTHER COUNTRY? Yes NO

OTHER CITIZENSHIP/NATIONALITY: _____

ARE YOU NOW, A CITIZEN OR NATIONAL OF ANY OTHER COUNTRY?: _____

HAVE YOU EVER BEEN A CITIZEN OR NATIONAL OF ANY OTHER COUNTRY?: _____