



Recreation, Sports and Aquatics Club

Supporting lifestyle choices of people living with disabilities

Workers Membership Information Form

(worker include anyone who assists with RSAC activities and may have contact with any participant)

PLEASE PRINT CLEARLY

Please advise any changes to details RSAC at any time

First Name _____ Surname _____

Address _____

Suburb _____ Postcode _____

Date of birth _____ Phone _____

Mobile _____ Email _____

Who to contact in an emergency?

Emergency contact 1.

Name _____ Relationship _____

Mobile _____ Phone _____ E mail _____

2nd contact name

Name _____ Relationship _____

Mobile _____ Phone _____ E mail _____

Photographic images of participants are sometimes used for promotional purposes and at events.

If you not wish to have your image used please tick here.

Please tick any conditions that may be significant to participation and add relevant details.

Intellectual disability Cerebral palsy Visual impairment Hearing impairment

Speech problems Spinal Problems Mobility problems Nerve/Muscular problems

Skin conditions Asthma Autism Spectrum Disorder ADD/ADHD ODD

Arthritis details: _____ Blood Pressure details: high/low Diabetes details: _____

Kidney problems details: _____ Heart problems details: _____ Lung problems details: _____

Epilepsy Last seizure _____ Type _____ Frequency _____

Behavioural challenges Known triggers _____

Known Allergies: _____ Other relevant conditions/details: _____

Do you have Down Syndrome Yes/No. If yes, do you have Atlanto Axial Instability Clearance Yes/No.

Family Doctor's name _____ Phone _____

Medicare Number _____

Private Health Insurance _____ No. _____

Release

ADULT (18 and over) I the undersigned, if I am unable to be consulted in case of emergency or necessity, authorise RSAC on my behalf to take such measures and arrange for such medical and hospital treatment as may be deemed advisable for my health and wellbeing.

Signature _____ Date _____ Printed Name _____

OR

PARENT OR GUARDIAN MEMBER OF MEMBER IF UNDER 18 : If I am not present at RSAC activity, so as to be consulted in case of emergency or necessity, I authorise RSAC to authorise on my behalf and on my account to take such measures and arrange for such medical and hospital treatment as RSAC may deem advisable for the health and wellbeing of

(insert name of member) _____

Signature _____ Date _____

Printed name _____ Relationship _____

ALL WORKERS: a requirement of our funding sources, including NDIA require the following:

All costs incurred will be reimbursed by RSAC on production of a receipt and completion of activity.

Please confirm with RSAC before booking.

ALL WORKERS: compulsory

1. Have you completed the Worker orientation Module 'Quality , Safety and You' **online training accreditation?** please provide copy of certificate. Link: <https://www.ndiscommission.gov.au/workers/training-course>

2. National Vulnerable people screening **clearance:** _____

Link: <https://www.service.nsw.gov.au/transaction/ndiswc-apply>

3. COVID-19 infection control and prevention training: please provide copy of certificate.

Link: <https://covid-19training.gov.au/course/2/certificate>

For Board Members and Paid Office Staff: compulsory

Do you have a Police Clearance? : **Number:** _____

Link: <https://www.service.nsw.gov.au/transaction/apply-national-police-certificate>

Required for all workers who are working with participants under 18 years or are assisting at overnight activities. compulsory

Do you have a NDISWC (National Disability Insurance Scheme Worker Check)

Number: _____ **Expiry Date:** _____

Link: <https://www.service.nsw.gov.au/transaction/apply-working-children-check>

At least one person with current First Aid qualifications is required to be in attendance at every RSAC program. If you have this or wish to undertake training please complete or request support from RSAC Office:

Do you have current First Aid Certificate? **Number:** _____ **Expiry Date:** _____

Do you have any other qualifications or experience relevant to your participation with RSAC?

Details:

Recreation Sports and Aquatics Club Phone: 9790 5001 Email: rsaclub@bigpond.net.au

Clubrooms: 11 Greenfield Pde Bankstown Postal address: PO Box 120 Bankstown NSW 1885

website: www.disabledsportsac.org.au

OFFICE USE: MYOB ____, MAIL ____, ATT/VOL ____, REG REPORT ____, EMAIL/ENEWS ____, DATA BASE ____,
ACTIVITY/IES _____