



Recreation, Sports and Aquatics Club

Supporting lifestyle choices of people living with disabilities

Membership Information Form

PLEASE PRINT CLEARLY

Please advise any changes to details to RSAC urgently

First Name _____ Surname _____

Date of birth _____

Address _____ Suburb _____ Postcode _____

Phone _____ Mobile _____ Email _____

Is there any other language besides English which is spoken at home:

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.

Who is the decision maker for participant?

Self OR Other Name Relationship Contact no.....

Participant's information is only shared for the purposes for which this application is provided.

(The only exception is where information must be shared to ensure participant safety.)

Consent is given to share information about this participant with:

Mother Father Other (detail)

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.

Do you have any support plans or assessments that would be useful for your participation with RSAC?

If so, please email or attach copy. Thank you

Information

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 &/OR USUALLY SIGNS FOR MEMBER

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 _____

Membership payment is due within 4 weeks of joining and 1st January each year.
This can be claimed through NDIA or paid on invoice.

NDIS information if you wish to use NDIA funding for your RSAC participation.

NDIS Number: _____ finish date of current plan _____

How are your funds managed?

NDIA DIRECT SELF MANAGED PLAN MANAGED *

* If plan managed: Name of Plan Management organisation

Contact name: Email:

YOUR GOALS what you would like to work on/achieve.

RSAC would like to support your participation. To do this please provide information about your goals.

Such as:

Social Connections Social Skill Development Improved Fitness/health

Improved Skills in Activities Living Skills Independence Friendships Fun

Your Own Goals

Recreation Sports and Aquatics Club

Clubrooms: 11 Greenfield Pde Bankstown

Postal address: PO Box 120 Bankstown NSW 1885

Phone: 97905001 Email: rsaclub@bigpond.net.au website: www.disabledsportsac.org.au

OFFICE USE: MYOB ____, MAILCH ____, ATT SHEET ____, REG REPORT ____, SPSHEET ____, ROLLS ____,
INSTR ____, ACTIVITY/IES _____

MAY 2022

RSAC Consent Form

We collect information about you for the primary purpose of providing quality supports and services to you. We need to collect some personal information from you to ensure our services meet your needs. If you do not provide this information, we may be unable to fully provide these services. This information will also be used for:

- Administrative purposes for running our service
- Billing you directly, through the NDIS, or other agency if required
- Use within our service to ensure you are provided with quality supports and services
- Disclosure of information to the NDIA, the NDIS Quality and Safeguards Commission, or other government agencies if needed
- Disclosure of information to health professionals to ensure high quality health care for you if needed
- Disclosure to other providers, with your consent, in order to provide appropriate services.

We do not disclose your personal information to overseas recipients.

We have a privacy policy that is available on request. That policy provides guidelines on the collection, use, disclosure and security of your information.

To ensure the process of quality supports and services, information about you may be given to other service providers who also provide you services.

I, (participant name) or (name of participant decision maker)

- Have read the above information and understand the reasons for the collection of my personal information and the ways in which the information may be used and disclosed and I agree to that use and disclosure
- Understand that this consent is valid only for the time specified
- Understand that it is my choice as to what information I provide and that withholding or falsifying information might act against the best interests of the supports and services I receive
- Am aware that I can access my personal information and shift notes on request and if necessary, correct any information I believe to be inaccurate
- Understand that if, in exceptional circumstances, access is denied for legitimate purposes, that the reasons for this and possible remedies will be made available to me
- Have been provided with or have been given an opportunity to obtain a copy of the privacy policy.

Personal Information Collection Statement

You may contact us by email, mail or phone using the details provided at the bottom of this page. You have the right to gain access to the information we hold about you.

Our privacy policy (available upon request) contains information on how you may request access to, and correction of, your personal information and how you may complain about a breach of your privacy and how we will deal with such a complaint.

We need to collect information about you for the primary purpose of providing quality supports and services. In order to fully provide these services, we need to collect some personal information from you. This information will also be used for the administrative purposes of running the practice such as billing you or through the NDIS. Information will be used within the service for planning and managing your plans and supports.

We may disclose information regarding you to other service providers or health professionals only with your consent. We will not disclose your information to commercial companies, however specific service or product information as deemed suitable for your management, may be forwarded to you by us, unless you instruct us not to forward this type of information. Your written consent will be obtained at the start of any new planned activities. We do not disclose your personal information to overseas recipients.

File information is stored securely and access only by our workers. We take all reasonable steps to ensure that information collected about you is accurate, complete and up-to-date. You may have access to your information on request and if you believe that any of the information is inaccurate, we may amend it accordingly. If you do not provide relevant personal information, in part or in full, this may result in the provision of incomplete supports or services which may impact on your plans and goals. Any concerns you may have about this statement or the information we store about you can be directed to the contact listed below.

Participant Signature _____

Decision Maker Signature (If required) _____

Name of Decision Maker _____

Date _____

ATTACHED: RSAC Privacy and Confidentiality Policy for your review

1800800110

Privacy and confidentiality policy

About this document

This document tells you about RSAC privacy and confidentiality policy.

The privacy and confidentiality policy says how we do what the law says we must do to protect your privacy.

Privacy means that any person has the right to have their personal information to not be told or shown to anyone.

Confidentiality means that there is a duty to keep your personal information private and protected. If you would like to know more information or you have a question, please ask our staff.

Your privacy

This document is about your privacy. This document will tell you:

- what we know about you
- why we know things about you
- how we will use what we know
- how we will keep what we know safe
- what we do when your personal information has been accessed without your consent.

There are laws to protect your personal information.

Personal information is anything that is about you. This could be:

- your name
- where you live
- your date of birth
- your job or day activities
- information about your disability

RSAC will keep your information **private**.

This means we will **not** tell people your personal information unless we have to.

You do **not** have to give us your personal information.

If you choose not to give us personal information we may not be able to give you services you need.

Why do we keep your personal information?

RSAC asks for your personal information for different reasons:

- it helps us to provide the right services and supports
- we can help with your complaints
- we can get the right workers for you.

What personal information do we keep?

The personal information we keep might include:

- your name
- your date of birth
- your phone number
- your email address
- information about your disability.

Sometimes your personal information is **sensitive information**.

Sensitive information is normally private and can include:

- your cultural background
- your religious beliefs
- your sexual orientation

- information about your health.

RSAC will also keep personal information on:

- other service providers you receive services from
- your family or carers
- our staff

RSAC will not tell anyone about your personal information unless we have to.

The NDIS Commission might need the information to keep you safe.

How do we use your personal information?

RSAC will use your personal information to help us provide the best services and supports.

We might need to tell other people about you because they give you the supports you need.

You need to give consent for us to tell other people your personal information. Consent means you say 'yes'.

RSAC might give other people your information when you have not given consent if:

- the laws say we must
- it will keep you safe.

You can ask us any time about the personal information we keep about you.

You can request a copy of your personal records.

How do we keep your personal information safe?

RSAC keep paper records safe in our offices under lock and key.

RSAC keep your personal information stored on computers protected with a password.

Only staff who provide supports and services to you can see your personal information.

RSAC only keep your personal information as long as we need it.

RSAC will destroy your personal information when we no longer need it

What happens when someone accessed your information without your consent?

When someone has accessed your personal information without our permission and without your consent, this is called a data breach.

If a data breach happens:

- we will tell you what happened
- we will take action to make sure you will not be harmed
- we will find out why it happened
- we will improve the way we handle your personal information
- we may have to report this to the government
- this will not affect the services we provide you.