



# Recreation, Sports and Aquatics Club

Supporting lifestyle choices of people living with disabilities

## Membership Information Form

PLEASE PRINT CLEARLY

Given Names \_\_\_\_\_ Surname \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Language other than English spoken at home: \_\_\_\_\_

\* [Click here if you need us to arrange an interpreter to find out what we do or make plans](#)

Cultural Background/Religion: \_\_\_\_\_  
(So we can meet your needs)

Will participant be accompanied to attend RSAC activities?  Yes  No

Does the participant need 1:1 support?  Yes  No If Yes, a support person must accompany them.

### EMERGENCY CONTACT DETAILS

Name	Relationship	Mobile	Phone	Email
1.				
2.				

Who is the decision maker for participant?

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

Tick here to confirm your understanding that you are only reliant on RSAC support while attending RSAC activities.

Photographic images of participants are sometimes used for promotional purposes and at events.  
If you do not wish to have your image used please tick here.

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) .....

### NDIS DETAILS

NDIS NUMBER: \_\_\_\_\_ CURRENT PLAN DATE: \_\_\_\_\_

How are you managed?  NDIA Direct  Self Managed  Plan Managed

\* If plan managed: Name of Plan Management organisation: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

### 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 & arrange for such medical & hospital treatment as may be deemed advisable for my health & 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 1<sup>st</sup> January each year.  
This can be claimed through NDIA or paid on invoice.

GOALS			
<input type="checkbox"/> Social Connections	<input type="checkbox"/> Social Skills Development	<input type="checkbox"/> Improved Fitness/Health	<input type="checkbox"/> Improved Skills in activity
<input type="checkbox"/> Independence	<input type="checkbox"/> Friendships	<input type="checkbox"/> Fun	<input type="checkbox"/> Living Skills
Your own goals:			

MEDICAL INFORMATION	
<b>Family Doctor's name:</b>	<b>Contact Num:</b>
<b>Medicare Number:</b>	<b>Private Health Insurance: Num:</b>
<p><b>Do you have a Behavioural Support Plan <input type="checkbox"/> Yes <input type="checkbox"/> No.</b></p> <p><b>If you have a Behavioural Support Plan or other relevant assessment it is essential that it is provided with your Membership Information Form and that new or updated plans are provided whenever available.</b></p> <p><b>Any changes to conditions, must be advised immediately to ensure that we are continuing to meet participant's current needs.</b></p>	

CONDITION	HOW TO SUPPORT PARTICIPANT	Do you have a management plan? (Please provide a copy)
<input type="checkbox"/> Intellectual Disability		
<input type="checkbox"/> Speech problems		
<input type="checkbox"/> Down Syndrome		If yes, do you have Atlanto Axial Instability Clearance <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> ODD		
<input type="checkbox"/> Absconding		
<input type="checkbox"/> Behavioural challenges/triggers*		
<input type="checkbox"/> Cerebral palsy		
<input type="checkbox"/> Spinal conditions		
<input type="checkbox"/> Nerve/muscle problems		
<input type="checkbox"/> Arthritis		
<input type="checkbox"/> Mobility problems		
<input type="checkbox"/> Skin condition		
<input type="checkbox"/> Dysphagia/Swallowing problems		
<input type="checkbox"/> Kidney problems		
<input type="checkbox"/> Lung/breathing problems		
<input type="checkbox"/> Heart problems		
<input type="checkbox"/> Blood pressure		
<input type="checkbox"/> Allergies including food sensitivities		
<input type="checkbox"/> Epilepsy*		Last seizure: Type: Frequency:
<input type="checkbox"/> Diabetes*		
<input type="checkbox"/> Asthma*		
<input type="checkbox"/> Other		

\* Management plans are recommended for these conditions. Please discuss with your doctor if you do not have an up to date plan.

KEEPING YOU SAFE		
Are you safe in water without 1:1 supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you swim out of your depth? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you recognise dangers in the community? (e.g. street smart) <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Recreation Sports and Aquatics Club</b>		
<b>Clubrooms:</b> 11 Greenfield Pde Bankstown	<b>Postal address:</b> PO Box 120 Bankstown NSW 1885	
<b>Phone:</b> 9790 5001	<b>Email:</b> <a href="mailto:rsaclub@bigpond.net.au">rsaclub@bigpond.net.au</a>	<b>Website:</b> <a href="http://www.disabledsportsac.org.au">www.disabledsportsac.org.au</a>

# 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

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# 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.

# 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.

# RSAC Participant Rights & Responsibilities

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Recreation, Sports and Aquatics Club (RSAC) wants to make sure that everyone enjoys their participation in RSAC activities in a safe and friendly manner.

To help make this happen, RSAC has a set of rules. These are:

## Be a Good Sport

Treat all participants as you would like them to treat you.

- Co-operate with team-mates, coaches and other participants
- Control your temper
- Have respect for other people, no matter what their ability, gender or where they come from
- Do not say anything bad about other people or swear at them.

## You Must Feel Safe

- When participating in any RSAC activity or event, training or sport
- When travelling to and from activities
- When you are with other participants, your coach, manager or helpers or RSAC staff.

## No One Should

- Say anything bad to you or to anyone else
- Make fun of you, your ability, gender or where you come from
- Look at or touch you or anyone else in ways you/they don't like
- Say anything sexual to you that you don't like
- Pick on you or be unfair to you or anyone else.

## If Someone Is Not Following These Rules

Then tell someone about it.

Tell:

- A parent or adult that you trust, or
- An RSAC coach, manager, volunteer or staff member, or
- RSAC Executive Officer Jenny Bombardieri ph. 9790 5001 email: [rsaclub@bigpond.net.au](mailto:rsaclub@bigpond.net.au)
- RSAC President Vanessa Fone email: [vanessafone.rsaclub@gmail.com](mailto:vanessafone.rsaclub@gmail.com)
- People With Disability Australia (advocacy service) ph. 1800 656 463
- NDIS Quality & Safeguards Commission by calling 1800 035 544, or email [contactcentre@ndiscommission.gov.au](mailto:contactcentre@ndiscommission.gov.au)

**Everyone has the RIGHT to enjoy their participation and be SAFE**