



FORM D CAMPER NOMINATION & SPONSORSHIP ☺

PLEASE ENTER CAMPERS PERSONAL DETAILS															
SURNAME			OTHER NAMES												
MALE / FEMALE		MEDICARE NO		AGE		BIRTH DATE									
PREFERRED NAME			PRIVATE HEALTH GROUP NAME			MEMBER NUMBER									
HOME ADDRESS															
NO. & STREET															
SUBURB							POSTCODE								
PHONE (H)			MOB		EMAIL										
POSTAL ADDRESS															
EMERGENCY CONTACT															
NAME		RELATIONSHIP		PH (H)		MOB									
PLEASE HELP US PLAN FOR YOUR PARTICIPATION BY CONSIDERING THE FOLLOWING QUESTIONS															
• PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE															
PLEASE DESCRIBE THE 'TYPE' OF DISABILITY YOU HAVE AND ITS CHALLENGES FOR YOU?															
DO YOU USE A WHEELCHAIR?		Y / N		IF 'YES', ARE YOU ABLE TO TRANSFER A SHORT DISTANCE WITH ASSISTANCE?				Y / N							
DO YOU USE SPLINTS/CALLIPERS?		Y / N													
IF YOU HAVE MOBILITY CHALLENGES (EG, USE A WHEELCHAIR), WOULD YOU PLEASE LIST ANY MOBILITY OR TRANSFER FROM BED TO WHEELCHAIR DEVICES YOU ARE ABLE TO PROVIDE?				Please be aware that we are not able to provide any of these more specialised devices.											
DO YOU HAVE DIFFICULTY WITH SIGHT?		Y / N		PLEASE ADVISE DIET NEEDS (IF ANY)											
DO YOU WEAR GLASSES/CONTACT LENSES?		Y / N													
DO YOU HAVE DIFFICULTY WITH SPEECH?		Y / N													
DO YOU HAVE DIFFICULTY WITH HEARING?		Y / N													
DO YOU HAVE EPILEPTIC FITS?		Y / N													
DO YOU HAVE ANY ALLERGIES?		Y / N													
DO YOU SOMETIMES BED WET?		Y / N													
DO YOU REQUIRE HELP TO USE THE TOILET?		Y / N													
DO YOU NEED SWIMMING ASSISTANCE?		Y / N													
CAN YOU WALK WITHOUT ASSISTANCE?		Y / N													
ARE YOU ABLE TO DRESS YOURSELF?		Y / N													
CAN YOU HAVE A MEAL WITHOUT HELP?		Y / N													
CAN YOU SHOWER WITHOUT ASSISTANCE?		Y / N													
PERMISSION TO GIVE PARACETAMOL?		Y / N													
PLEASE DESCRIBE ANY OF YOUR BEHAVIOUR TRAITS THAT WE SHOULD KNOW															

The closing date is 1th March



WHEN YOU ARE AWAY FROM HOME DO YOU GET ANXIOUS?	Y / N	
SOMETIMES WE FIND PEOPLE MISS HOME, ESPECIALLY FOR THE FIRST DAY. DO YOU THINK YOU WILL BE OK?	Y / N	
ARE THERE ANY PHOBIAS OR GEARS WE SHOULD KNOW ABOUT THAT MIGHT EFFECT YOU BEHAVIOUR. EG LIGHTNING, FEAR OF ANIMALS, SLEEPWALKING?	Y / N	Please provide details.
PLEASE DETAILS MEDICATIONS (PRESCRIBED & 'OVER THE COUNTER') *ALL MEDICATION MUST COME IN A WEBSTER PACK*		
DO YOU NEED PROMPTING TO TAKE YOUR MEDICATION?	Y / N	
PLEASE LIST YOUR MEDICATION. DOSAGE AND FREQUENCY.		
PLEASE ARRANGE FOR YOU MEDICATIONS TO BE MADE UP IN A WEBSTER PACK (SEE PHARMACIST FOR ASSISTANCE). * ESSENTIAL*		
THIS INFORMATION IS CONFIDENTIAL TO CAMP NURSE, CAMP LEADER AND ALLOCATED CARER (IF NECESSARY)		
HAVE YOU ATTENDED A ROTARY HANDICAMP BEFORE? IF SO, WHICH YEAR/S.		
Excepting special circumstances, we request that you do not nominate for Handicamp attendance if you have been twice in the last 5 years.		
NOMINATING AND SPONSORING ROTARY CLUB		
THE ROTARY CLUB OF		
CLUB CONTACT FOR HANDICAMP MATTERS		EMAIL
PH (H)	PH (B)	PH (M)
PREFERRED CONTACT METHOD		
\$395 SPONSORSHIP PAYABLE TO THE RC OF EPERANCE BAY IS ATTACHED?	Y / N	
DECLARATION BY NOMINEE / PARENT / GUARDIAN		
<ol style="list-style-type: none"> You have read FORM B associated with this form and understand and agree to its contents. Specifically, in signing this form you confirm that you have either completed or discussed the completed contents of the form in the presence of the Rotary member who made the declaration in the next section. 		
SIGNED (NOMINEE / PARENT / GUARDIAN)		DATE
DECLARATION BY THE ROTARIAN WHO MET THE CAMPER NOMINEE		
<ol style="list-style-type: none"> You have read FORM A and understand and agree to its contents. You have read FORM B Specifically, in signing this form you confirm that you have either completed or discussed the completed contents of the form in the presence of the camper, and/or camper's parent/s, and/or camper's guardian, and have met with the nominated camper. You confirm that FORM B has been given to the camper or camper's parent/s, or camper's guardian. 		
SIGNED (ROTARIAN)		DATE
PLEASE POST COMPLETED FORM WITH CHEQUE TO:		
Maggie Duggan, Handicamp 2010, 51 Lyndhurst Crescent Ferndale WA 6148		

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