



Access Service Application

A Break Disability and Respite
M: 0428 280 474
admin@abreakdisabilityandrespite.com
www.abreakdisabilityandrespite.com



A Break Disability and Respite

Access Service Application

Giinagay, (Hello) thank you for taking the time to allow us to provide appropriate services to the community. This Access Service Application and Survey Form is mandatory in order for A Break Disability and Respite to create and deliver individual needs services based on the information given.

Applicant Information - Section One

Full Name: _____
Last *First* *Date of Birth*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *Post Code*

Home Phone: () _____ NDIS Number: _____

Disability Diagnoses: _____

Primary Career/Next of Kin Details

Full Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *Post Code*

Contact Number: () _____

Relationship: _____

Client Survey – Section Two

Clients are asked to participate in this survey before joining our services so that the Organisation can better equip the individual needs and services of the clients. This survey will include multiple choice and written answers, it will also include questions about the client’s most recent experience’s, **questions about their interests**, activities; and whether the client needs accommodation and transport. The survey also asks respondents to give an overall summary of their experience so far, for example accessing our information via website or other mediums. All Clients must under-go a medical assessment from their GP to determine their physical capabilities to participate in some activities provided by A Break Disability & Respite.

Racial or Ethnic Group

- Aboriginal Torres Strait Islander Non-Indigenous

Cultural Needs *(if appropriate)*

Details:

Your Gender

- Female Male

Your Age

- Under 18 45 – 64 I prefer not to respond
 18 – 44 65 or over

Your Education Level

- Some high school Some college coursework I prefer not to respond
 High school graduate College graduate

How did you hear about A Beak Disability & Respite?

- Flyers Our Website In person
 Newspaper Facebook Other

What is your preferred way of contact?

- Telephone Email Letters
 SMS

Do you have any important medical needs?

You may be asked to see a GP to sign off on a physical fitness form to attend certain activities.

- Yes – Please list:
 No

About You & Your Life

Section One – ***Important to you***

What are the things that help you enjoy life? Area you might want to consider?		
Feeling well and good about myself	<i>What things make you feel good about yourself? What would you like to do that would make you happy?</i>	
Learning, Leisure and fun	<i>Your hobbies and pastimes? What interests have you stopped doing that you might wish to start again?</i>	
Making important decisions & being in control of my life	How could you take more control of your life? How could you improve the quality of your life?	
Being part of my community	What could you do to be active in your community? Clubs/groups etc	

Activities & Interests

Rate each item on a scale of 1 (less interested) to 5 (very interested).

	1	2	3	4	5
Bush walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts/Craft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Ready Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair care & Beauty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bush Tucker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equine Awareness & Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-cultural dance Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surfing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holiday Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Seeking support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any other interested activities or interests in this section.

-
-
-
-
-

Do you require regular transport?

- Yes – Please place me on regular transport.
- Yes – I require a car for transport.
- Sometimes
- Yes – I will require Wheelchair accessible vehicle
- No

Do you require Respite Accommodation?

- Yes (Please state room requirements):

- No

Thank you very much for taking the time to complete this **Access Service Application and Client Survey**. Please make sure you submit to admin@abreakdisabilityandrespice.com. Your input is valued and very much appreciated and will determine the capacity needs and accessibility of the services that we provide. None of the information obtained in this application will be passed on-to third parties without client consent.

X

Client/Guardian
Date:

X

Amanda Tomkins (Director)
Date: