

Carer Respite Funded Outings Application and Consent Form

INSTRUCTIONS: Please read the below carefully and fully complete the form.

CARER DETAILS						
Full Name:						
Address:						
Email:						
DOB:						
Country of Birth:						
Telephone:						
Memberships:	T.S.A.	YES 🗆 / NO [A.G.W.S.	YES □ / NO □	
How will the						
carer benefit?						
CARE RECIPIENT D	ETAILS					
Full Name:						
Address:						
Email:						
DOB:						
Country of Birth:						
Memberships:	T.S.A.	YES □ / NO [A.G.W.S.	YES □ / NO □	
			☐ Yes, Home Care Package			
Does the care recipient receive a Home Care Package or CHSP services?			Provider:			
			☐ Yes, CHSP			
			Provider:			
			□ No			
OUTING ATTENDED	ES (one or	both possible)				
☐ CARER			☐ CARE RECIPIENT			
Dietary Requirements:			Dietary Requirements:			
Allergies and Reaction:			Allergies and Reaction:			
Relevant Medical information:			Relevant Medical information:			
Mobility concorns and aids:			Mobility concerns and aids:			
Mobility concerns and aids:			Mobility concerns and aids:			
Emergency contact (on outing day)						
Full Name:						
Contact Number:						
Do you require transport to the venue? YES □ / NO □						
Do vou require tra	nsnort to					



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Where did you hear about us?					
\Box Tick box to receive more information about our Services at \Box TTHA (residential care, ILU, Volunteering) and/or \Box Accent Home Care (please select).					
\Box Tick box to sign up for our quarterly newsletter via \Box email or \Box mail (please select).					
By acknowledging this form I consent to Tabulam and Templer Homes for the Aged (TTHA; including Accent Home Care), using and publishing photographs and or images taken of me in any publication or advertisement for TTHA services (in various formats including cinema, television, newspaper, online advertising and outdoor advertising), electronic and hard copy publications, web and social media sites and in any other similar ways deemed appropriate by TTHA for promotional or reporting purposes.					
When giving your permission you should be aware that any information published on the internet is accessible to millions of users from all over the world, that it will be indexed by search engines and that it may be copied and used by any web user. This means that once the photograph is published on the Internet we will have no control over its subsequent use and disclosure.					
You also acknowledge that you are not entitled to any remuneration, royalties or any other payment from TTHA in respect of the use by TTHA of the photographs and/or videos.					
Privacy.					
TTHA collects personal information due to government funding requirements, and we are required to collect the data above. Please note that only de-identified data is reported to appropriate government agencies upon request.					
Your personal information will not be shared with any third party unless required under the law and/or with your consent.					
TTHA respects your right to privacy and protects the personal information we collect. Our Privacy Policy and Values and Principles documents may be viewed at www.ttha.org.au					
☐ Tick box to confirm acknowledgment of the above and provide verbal consent.					
Date: / /					
Completed by (full name):					

This form is valid with verbal consent and does not require a signature.