**Privately Funded New Client Form**

**Client’s name: Click or tap here to enter text.**

**Contents:**

[**1: CLIENT DETAILS** 1](#_Toc169254519)

[**2: SERVICES** 2](#_Toc169254520)

[**3: PAYMENTS** 3](#_Toc169254521)

[**4: EMERGENCY CONTACT DETAILS** 3](#_Toc169254522)

[**SIGNATURE REQUIRED.** 3](#_Toc169254523)

[**5: WAIVER AND RELEASE AUTHORITY** 3](#_Toc169254524)

[**6: In Carers That Drive COMMUNITY ACCESS SUPPORTERS’ CAR** 4](#_Toc169254525)

[**7: CONSENT AGREEMENT** 4](#_Toc169254526)

[**8: SIGNING ON BEHALF OF THE CLIENT** 4](#_Toc169254527)

**Note:** *Please download, complete, and email a SIGNED copy to* [*info@carersthatdrive.com.au*](mailto:info@carersthatdrive.com.au) *- remember to ‘enable editing’.*

## **1: CLIENT DETAILS**

**Name:** Click or tap here to enter text.

**Date of Birth:** Click or tap to enter a date.

**Address:** Click or tap here to enter text.

**Mobile:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Support worker preference:**  **Female**  **Male**  **Both**

**Condition of client:**

Acquired brain injury  Autism  Cerebral Palsy  Hearing impairment

Intellectual Disability, Developmental delay, Global developmental delay, Down Syndrome

Multiple Sclerosis  Psychosocial disability: Click or tap here to enter text.

Spinal cord injury  Stroke  Vision impaired

Other Click or tap here to enter text.

**Risk Management.** This information must be disclosed to provide a safe environment for both client and supporter. List all risks, behaviours and/or medical conditions: **Click or tap here to enter text.**

**Does the client have a Behavioural Support Plan:**  **Yes**  **No**

*Unsociable behaviours that are not reported at the time of signing this form or are not included in the Behavioural Support Plan provided can result in Carers That Drive declining support immediately to resolve the issue for all parties.*

**Does the client have an Epilepsy Management Plan:**   **Yes**  **No**

*If answered Yes, a copy of the plan must be provided prior to commencement of any booking.*

**Does the client require assistance in and out of the vehicle:**  **Yes**  **No**

**Does the client have a mobility aid:**  **Yes**  **No**

Walker  Stick  Collapsable wheelchair

Other: Click or tap here to enter text.

**Will there be any other person/s accompanying the client:**  **Yes**  **No**

**Will a companion animal be accompanying the client:**  **Yes**  **No**

*If answered Yes, a companion form to be signed; emailed separately.*

**Client’s likes, dislikes, interests, hobbies, goals, general notes etc.:** Click or tap here to enter text.

## **2: SERVICES**

Community Access  Day Program  Medical appointment

School  Specialist appointment  Therapy session

Work  Other: Click or tap here to enter text

**Booking details:**

**One way** **Return**

**Mon**  **Tues** **Weds**  **Thurs** **Fri** **Sat** **Sun**

**Weekly** **Fortnightly** **Monthly** **Ad hoc** **One off**

**2 hrs** **3 hrs** **4 hrs Other:** Click or tap here to enter text

**Start Date:** Click or tap here to enter text

**Start time:** Click or tap here to enter text

**Pick up address:** Click or tap here to enter text

**Take to:** Click or tap here to enter text

**Collect time:** Click or tap here to enter text

**Tolls/parking:**  **Yes**  **No**  **Seek prior approval**

**Disability Sticker:**  **Yes**  **No**

**Public Holiday support:**  **Yes**  **No**

**How Did You Hear About Us:**  Internet search  Word of mouth  social media

Other – please specify: Click or tap here to enter text.

## **3: PAYMENTS**

**Invoices emailed to**: \***Click or tap here to enter text.**

ABN: \***Click or tap here to enter text.**

**(\*These boxes must be completed to proceed with bookings)**

Full name: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Postal address:Click or tap here to enter text.

## **4: EMERGENCY CONTACT DETAILS**

Full name: Click or tap here to enter text.

Mobile: Click or tap here to enter text.

Relationship to Client: Click or tap here to enter text.

Full name: Click or tap here to enter text.

Mobile: Click or tap here to enter text.

Relationship to Client: Click or tap here to enter text.

## **SIGNATURE REQUIRED.**

## **5: WAIVER AND RELEASE AUTHORITY**

This is to release Carers That Drive and/or the Community Access Supporters from liability when driving and helping clients on outings.

I (Client’s full name): **Click or tap here to enter text.**

Mobile: **Click or tap here to enter text.**

Address: **Click or tap here to enter text.**

1. agree to abide by any of Carers That Drive’s rules, and any direction or instruction given to me by or on behalf of Carers That Drive in connection with my participation in outings; and
2. hereby release, waive, discharge and hold harmless Carers that Drive, its employees, officers and Community Access Supporters from any liability for personal injury, loss or damage to personal property associated with my participation in outings facilitated by Carers That Drive, whether caused by negligence, wilful act or omission, breach of contract, breach of statutory duty, error or otherwise.

Where this form is signed by the Client’s nominee or representative, by signing this form the nominee/representative agrees to the release provided above for the benefit of the Client and as a necessary condition of the Client’s participation in outings. The nominee/representative also agrees to release Carers That Drive from any and all liabilities arising from the Client’s involvement or participation in Outings.

## **6: In Carers That Drive COMMUNITY ACCESS SUPPORTERS’ CAR**

Complete this section if being taken out in a Community Access Supporters car.

I authorise the use of various Supporter cars to take me out.

## **7: CONSENT AGREEMENT**

By signing this form, you give consent to the following:

* Store my information on their secure database including my plan and any other relevant documents such as, but not limited to, Behavioural Support Plan or Epilepsy Management Plan.
* Exchange information with my support network, including but not limited to case managers, medical practitioners, allied health professionals and support coordinators.
* Agree that any unsociable behaviours that are not reported at the time of signing this form or are not included in the Behavioural Support Plan provided can result in Carers That Drive declining support immediately to resolve the issue for all parties.
* Our services encourage self-advocacy where possible; **we do not provide in home care**.
* Management and Assessment information provided prior to commencement of bookings.
* Signing this form does not equate to bookings made until such time as the quote has been approved by all parties.

|  |  |  |
| --- | --- | --- |
| Signature of client, or representative. |  | Print name in full of client, or representative. |
|  |  |  |

***Double click next to the X above to sign, print name, and insert date.***

## **8: SIGNING ON BEHALF OF THE CLIENT**

If signing any part of the document on behalf of Client, please complete the following:

Full name: Click or tap here to enter text.

Mobile: Click or tap here to enter text.

Relationship to Client: Click or tap here to enter text.