



## Privately Funded New Client Form

**Client's Name:** \_\_\_\_\_  
Please print name in full

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

### 1: CLIENT DETAILS

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**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: \_\_\_\_\_

Spinal cord injury     Stroke     Vision impaired



# Carers That Drive

***Our help, Your independence***

Other: \_\_\_\_\_

**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:

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**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  Collapsible wheelchair

Other: \_\_\_\_\_

**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.:**

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## **2: SERVICES**

Community Access

Day Program

Medical appointment

School

Specialist appointment

Therapy session

Work

Other: \_\_\_\_\_

**Booking details:**

One way

Return

Endurance Pty Ltd T/A Carers that Drive  
E: info@carersthatchdrive.com.au W: carersthatchdrive.com.au P: 0403 057 051  
ABN: 65084341739 PO Box 4084 Castlecrag NSW 2068



# Carers That Drive

*Our help, Your independence*

- Mon     Tues     Weds     Thurs     Fri     Sat     Sun  
 Weekly     Fortnightly     Monthly     Ad hoc     One off  
 2 hrs     3 hrs     4 hrs    Other: \_\_\_\_\_

Start Date: \_\_\_\_\_

Start time: \_\_\_\_\_

Pick up address: \_\_\_\_\_

Take to: \_\_\_\_\_

Collect time: \_\_\_\_\_

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: \_\_\_\_\_

### 3: PAYMENTS

**Invoices emailed to:** \_\_\_\_\_

**ABN:** \_\_\_\_\_

\* \_\_\_\_\_  
\* \_\_\_\_\_

(\*This information must be completed to proceed with bookings)

Full name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Postal address: \_\_\_\_\_

### 4: EMERGENCY CONTACT DETAILS

Full name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Full name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

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**Carers  
That Drive**

***Our help, Your independence***

## **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 name):** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Address:** \_\_\_\_\_

- a. 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
- b. 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.

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**Carers  
That Drive**

***Our help, Your independence***

Signature of client, or  
representative. \_\_\_\_\_

X

Sign Here

Print name in full of client, or  
representative. \_\_\_\_\_

X

Print Here

X

Insert Date Here

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

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

Full name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

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