



Discovery Holidays

Guest Service Plan

Private and Confidential

Attachments Checklist

- A recent copy of your photo ID or passport
- A list of all your medications
- Your medical response plans
- Any additional files as described in this document

Guest Details

Name:	Surname:		
Date of Birth (dd/mm/yyyy):	Plan Date (dd/mm/yyyy):		
Address:	Suburb:	State:	Postcode:
Phone Number:	Mobile:		
Email Address:			
Passport Number:	Country of Issue:	Exp:	
Companion Card Number:	Exp:		
Medicare Number:	Exp:		
Other / Concession Card:	Exp:		

Parent / Guardian / Next of Kin Details

Name:	Relationship to You:		
Address:	Suburb:	State:	Postcode:
Mobile:	Email:		

2nd Emergency Contact Details

Name:	Relationship to You:		
Address:	Suburb:	State:	Postcode:
Mobile:	Email:		

Other Contact, Personal Representative or Service Agency

Name:	Relationship to You:		
Mobile:	Email:		

Is the Guest completing this form? Yes No If NO, please provide details below

Name:	Relationship to Guest:		
Mobile:	Email:		

Invoice to

Guest (As Above) Guardian (As Above) Other - please provide details below

Name:	Relationship to Guest:		
Address:	Suburb:	State:	Postcode:
Mobile:			

Medical Information

Guests requesting medication administration assistance are required to complete the Medication Support Plan, have it signed by their GP and submit to Discovery Holidays.

Forms are available from the Guest Services Team.

Private Health Fund:	Member Number:	Exp:
Do you take any medication? Yes No	Do you self-manage your medication? Yes No	
Ambulance Cover: Yes No		

Doctor Details

Name:			
Address:	Suburb:	State:	Postcode:
Surgery Phone:	Emergency Phone:		

Specialist Details (Optional)

Name:			
Address:	Suburb:	State:	Postcode:
Surgery Phone	Emergency Phone:		

Medical Details

What is your diagnosed disability or condition? (if applicable)

Which of the following describes your condition or disability? (mark as many as apply)

- | | |
|--|-------------------------------------|
| Physical Impairment | Intellectual / Cognitive Impairment |
| Ambulant (low assistance) | Mild (low assistance) |
| Ambulant (with mobility aids, physical assistance) | Moderate (extra assistance) |
| Non-ambulant (wheelchair) | Profound / Severe (high assistance) |
| Sensory / Communication Impairment | Psychological Illness / Condition |
| Mild (low assistance) | Acquired Brain Injury |
| Moderate (extra assistance) | Psychological Illness |
| Profound / Severe (high assistance) | Other |

Medical History Quick Reference Check

- | | |
|--|---|
| Aggressive, self harming, violent behaviours | Sleep Walking |
| Allergy(s) (attach medical response plan) | Sleep Apnoea |
| Asthma (attach medical response plan) | Hearing Impairment / Aids |
| Choking Risk / Aspiration | Travel Sickness |
| Dementia | Forgetfulness / Memory Loss / Confusion |
| Depression | Epilepsy (attach medical response plan) |
| Diabetes | Seizures of any kind |
| Dizzy Spells / Blackouts | Physical Impairment / Condition |
| Heart Condition | Visual Impairment / Glasses |
| Incontinence | Anxiety, Nervousness |
| Migraine / Headaches | Other |

Guest Personal Profile

Preferred Name: _____ Languages Spoken: _____

Cultural / Spiritual / Religious Preferences: _____

Hair Colour: _____ Eye Colour: _____

Male

Female

Height (cm)

Weight (kg)

Guest Service Type

1:4 Independent

1:2 Extra Assistance **LOW**

1:1 Extra Assistance **HIGH**

Unsure

Which of the following best describe your holiday and leisure interests?

Playing Sports

Spectator Sports

Beach

Live Theatre

Movies

Swimming

Sightseeing

Live Music

Theme Parks

Dancing

Singing

Cooking

Arts & Crafts

Dining Out

Fishing

Please describe any other activities, personal experiences or special events that you are interested in or would like to experience on holiday.

General Routine & Preferences

Can you swim?

Yes

No

Do you smoke?

Yes

No

Have you travelled on holiday before?

Yes

No

Do you drink alcohol?

Yes

No

Can you manage your own money?

Yes

No

Do you need support to monitor your alcohol intake?

Yes

No

Do you want the Guest Services Team to look after your money?

Yes

No

Please describe any preferences you may have for your personal daily routine whilst on holiday.

Guest Personal Profile - Continued

Do you experience difficulty with any of the following? (mark as many as apply)

Crowds / Public Spaces / Events	Orientation / Time / Place	A full day of Community Activities
Lifts / Stair / Escalators	Social Interaction with Adults	Absconding during Activities
Road Safety Awareness	Interaction with Children	Confined Spaces
Sea travel / Boats / Ferry	Interaction with Animals	Heights
Air Travel	Unplanned Incontinence	Dining Out
Travel Sickness	Noisy Environments	Pool / Water Safety Awareness

Please describe (or attach) any additional information that will assist us to minimise any difficulties you might experience whilst on holiday. (if applicable)

Communication

Guests should travel with their appropriate communication support tools, devices, and plans, including behavioural management plans if applicable.

For more information call the Guest Services Team on 1800 290 996

Which of the following describes how you most often communicate with others?

Speech which others understand	Gestures and Non-Verbal Clues	Communication Aid / Tools
Speech which others will not always understand	Behavioural Clues	Sign Language / Makaton / Auslan

Please provide any additional information that describes your communication preferences.

Do you communicate behaviours that are likely, in any way, to disrupt the wellbeing and enjoyment of the holiday for yourself or others? (including inappropriate and antisocial behaviour, verbal or physical aggression, severe mental health symptoms and conditions, or other challenging behaviours)

Yes No Sometimes Often

Please describe (or attach) any behaviours that may be challenging for yourself or others and include possible triggers and preferred response strategies and attach any support plans. (if applicable)

Guest Personal Profile - Continued

Food & Nutrition

Please describe any special dietary requirements or food allergies you may have.

What are your favourite foods? Please describe. (Breakfast / Lunch / Dinner)

What are your favourite beverages? Do you prepare your own hot / cold beverages? Yes No

Sleeping Arrangements

Please describe (or attach) any sleeping habits that may negatively affect other guests in a twin share room.
(*insomnia, restlessness, sleep walking / talking, snoring, etc.*)

What time do you like to get up in the morning? Between AM and AM

What time do you prefer to go to bed at night? Between PM and PM

Do you sleep well at night? Most times Sometimes Rarely Unsure

Do you require checking overnight? Yes No Unsure

Do you require active overnight support? Yes No Unsure

Do you require single accommodation? Yes No

Guest Personal Profile - Continued

Personal Care & Hygiene

Eating / Drinking:	Independent	Prompt / Assist	Assistance	Modified Diet
Showering:	Independent	Prompt / Stand by	Assistance	Shower Chair
Dressing:	Independent	Prompt	Assistance	
Grooming:	Independent	Prompt	Assistance	Shaving
Dental Care:	Independent	Prompt	Assistance	
Contenance / Toileting:	Independent	Prompt / Stand by	Assistance	Aids / Catheter / Other

Mobility

Walk:	Independent Active Wheelchair (for distance)	Independent Relaxed Non-ambulant Manual Wheelchair	Physical Assistance Non-ambulant Electric Wheelchair	Walking Frame / Cane
Walk up/down Stairs:	Independent	Prompt / Assist	Physical Assistance	No Stairs/Lift Only
Transfer in/out Bed:	Independent	Prompt / Assist	Physical Assistance	Electrical Hoist/Other
Transfer in/out Chair:	Independent	Prompt / Assist	Physical Assistance	Electrical Hoist/Other
Transfer in/out Vehicle:	Independent	Prompt / Assist	Physical Assistance	Wheelchair/Other
Bathroom Mobility:	Independent	Prompt / Assist	Rails/Shower Stool	Commode Chair

Please provide details of all the mobility requirements and equipment.
(Include height, length, width and weight of any wheelchairs and battery type if applicable)

Please provide any further personal care information to assist us to support you whilst on holidays.

Guests requiring high assistance with personal care or mobility are requested to provide Personal Care and Mobility Support plans as attachments to this document.

For more information call the Guest Services Team on 1800 290 996

Finally

Please tell us your preferred holiday. Do you have personal goals or outcomes that you would like to experience while on holidays?

(ie: having fun, meeting new people, taking a break, enhancing life skills , social inclusion)

Declaration

To the best of my knowledge the information provided in this plan and to Discovery Holidays, is an accurate and a true reflection of the personal support services I/My dependent requires to participate safely in a holiday environment or community setting.

Guest

Please sign

Date

Guardian/Other

Please sign

Date

If Guardian or other please provide details below

Name:

Relationship to Guest:

Address:

Suburb:

State:

Postcode:

Phone:

Mobile:

Email: