



# Voyage Application and Contract

Please complete form in black pen and BLOCK LETTERS and return to Leeuwin Office.

ADDRESS: PO BOX 1100, Fremantle WA 6959 PHONE: 08 9430 4105 FAX: 08 9430 4494 EMAIL: office@sailleeuwin.com

## 1. VOYAGE DETAILS

VOYAGE NUMBER:

VOYAGE DEPARTURE DATE:

## 2. TRAINEE DETAILS

GENDER: M F

SURNAME:

FIRST NAME:

ADDRESS:

SUBURB:

COUNTRY:

POSTCODE:

PHONE:

MOBILE:

EMAIL:

AGE AT START OF VOYAGE: YEARS

MONTHS

DATE OF BIRTH:

ARE YOU OF INDIGENOUS AUSTRALIAN OR TORRES STRAIT ISLANDER DESCENT? YES NO

DO YOU IDENTIFY AS BEING CULTURALLY AND LINGUISTICALLY DIVERSE? YES NO

CAN YOU SPEAK AND UNDERSTAND ENGLISH? YES NO

## 3. SHORE CONTACT

Contact person in case of emergency TITLE: MR. MRS. MISS MS

SURNAME:

FIRST NAME:

ADDRESS:

SUBURB:

POSTCODE:

EMAIL:

PHONE:

MOBILE:

RELATIONSHIP TO TRAINEE:

## 4. WESTERN AUSTRALIAN SCHOOL STUDENTS

WHAT SCHOOL DO YOU GO TO?

WHAT YEAR ARE YOU CURRENTLY ENROLLED IN?

WHO IS YOUR YEAR COORDINATOR OR TEACHER?

WHAT ARE THEIR CONTACT DETAILS? (email or phone)

DO YOU PLAN ON USING YOUR VOYAGE TO EARN 5 WACE POINTS? YES NO

HAVE YOU EVER ATTENDED AN EDUCATION SUPPORT FACILITY OR SERVICE? YES NO

NAME OF FACILITY OR SCHOOL:

DATES ATTENDED:

CONTACT PERSON:

PHONE

## 5. TRAVEL ARRANGEMENTS

I understand that participants are responsible for their own transport to and from the ship: YES

**\*Please note: If the trainee is under 18, they will require a permission slip for alternative transport arrangements if a parent/guardian is unavailable.**

## 6. MEDICAL INFORMATION

DO YOU HAVE OR HAVE YOU EVER HAD OR BEEN EXPOSED TO THE RISK OF ANY OF THE FOLLOWING CONDITIONS. PLEASE TICK YES OR NO.

Diabetes (specify type 1 or 2)	Y	N	Autism	Y	N
Head injury/concussion	Y	N	Epilepsy/fits/convulsions	Y	N
HIV/AIDS	Y	N	Arthritis or rheumatism	Y	N
Blood disorders/leukemia	Y	N	Anemia	Y	N
Impaired hearing	Y	N	Mental illness (as defined by DSM IV)	Y	N
Hepatitis	Y	N	Heart or circulatory disorder	Y	N
Behavioral problems/ADD/ADHD	Y	N	Tuberculosis	Y	N
Weight control problems	Y	N	Eye disease/visual impairment	Y	N
Physical disability	Y	N	Cerebral Palsy	Y	N
Hemophilia or bleeding problem	Y	N	Osteomyelitis	Y	N
Spinal injury/disorder	Y	N	Allergies (insect bites/drugs)	Y	N
Fainting/blackouts	Y	N	Loss of balance/coordination	Y	N
Speech difficulty	Y	N	Thyroid disorders	Y	N
Impaired movement	Y	N	Abnormal response to heat/cold	Y	N
Kidney or bladder problems	Y	N	Mental disability	Y	N
Memory/attention problems	Y	N	Vertigo or claustrophobia	Y	N
Learning difficulties	Y	N	Asthma/breathing difficulties	Y	N
Hernia	Y	N	Bone or joint Injury	Y	N
Dependence on any substances	Y	N	Any previous aggression issues	Y	N
Are you pregnant?	Y	N	Dietary Requirements or allergies	Y	N
OTHER (provide details)	Y	N			

IF YOU HAVE TICKED YES TO ANY OF THE ABOVE WE WILL REQUIRE MORE INFORMATION INCLUDING EFFECTS OF THE CONDITION, MEDICATION AND MANAGEMENT, LIST DATES OF CONDITION, INCLUDE WHETHER ANY CURRENT OR PAST CONDITION MAY BE OF CONCERN DURING THE VOYAGE. (Attach additional sheets if required)

HOW WOULD YOU RATE YOUR SWIMMING ABILITY?

I am unable to swim                  I am able to swim 50 metres                  I am able to swim over 50 metres

WHAT IS YOUR BLOOD TYPE? (optional)

WHAT IS YOUR HEIGHT?

WHAT IS YOUR WEIGHT (KG)?

WILL YOU BRING ANY MEDICATION WITH YOU ON THE VOYAGE?

YES

NO

If yes please provide reason for medication and details (drug, dosage, administration time, special care):

**\*Please note: All prescription medications are to be given to the Chief Officer upon boarding.**

Will seasickness affect this medication?

YES

NO

## 7. MEDICAL PRACTITIONERS CONTACT DETAILS

For certain medical conditions, the Leeuwin's Medical Officer may require further information from your doctor.

MEDICAL PRACTITIONER'S NAME:

ADDRESS:

SUBURB:

POSTCODE:

STATE:

PHONE:

## 8. DECLARATION

I, (TRAINEE'S FULL NAME)

Have read and accept the terms and conditions of this Voyage Contract, including booking, payment and general conditions.

Agree that if my medical condition changes in any way, before joining the ship, I will notify the Leeuwin office.

Authorise the Leeuwin Medical Officer to contact my Medical Practitioner or Specialist if required.

Give permission for crew/ medical officer to administer First Aid/ medical treatment as necessary on the voyage.

Acknowledge and accept that smoking is prohibited on any voyage.

Have completed and returned the attached "Participant Undertaking" form.

Understand that personal insurance is not included in the voyage fare.

Declare all details provided on this form to be true and correct.

TRAINEE'S SIGNATURE:

DATE:

For trainees under 18 years of age, a parent or guardian must also sign this declaration.

PARENT OR GUARDIANS SIGNATURE:

DATE:

PLEASE PRINT FULL NAME:

## 9. PAYMENT DETAILS

A non-refundable deposit of 25% of the total voyage fare is payable to reserve a berth. If your medical is not approved by the Foundation your deposit will be refunded. Full payment of the voyage is required 60 days prior to departure to confirm your berth.

PAYMENT METHOD (please tick one only):

A)  CHEQUE made payable to:  
Leeuwin Ocean Adventure Foundation

B)  DIRECT DEPOSIT reference your last name and voyage  
BANKWEST FREMANTLE: BSB: 306 011 ACCOUNT: 543 933 6

C)  CREDIT CARD FULL NAME ON CARD:

TYPE OF CARD: VISA      MASTERCARD      EXPIRY DATE:      /

CARD NUMBER:

I authorise Leeuwin Ocean Adventure Foundation to debit my credit card for the payments as shown below in the payment schedule. SIGNATURE:

PAYMENT SCHEDULE:

25% non-refundable deposit due immediately: \$

Balance of fare due 60 days prior to departure:\$

OTHER FUNDING DETAILS:

Please advise us of any sponsorship or external funding details if applicable

Proudly supported by



Government of **Western Australia**  
Department of **Local Government and Communities**



# BOOKING, PAYMENT AND GENERAL CONDITIONS

These are the Booking, Payment and General Conditions of Contract applicable to participation by a voyage crew member or passenger (the Trainee) on a "Leeuwin" sail training voyage conducted by the Leeuwin Ocean Adventure Foundation Ltd (the Foundation).

## Contract

The contract is between the Trainee and the Foundation and shall be formed on confirmation by or on behalf of the Foundation of the Trainee's application and payment of at least the prescribed deposit. If part of a group booking, specific terms and conditions for group bookings shall apply.

## Trainee Fare and Payment

1. The Trainee fare shall be the current published fare for the nominated voyage ("the Fare").
2. A non-refundable deposit amount equal to 25% of the Fare shall accompany each reservation.
3. The balance of the Fare is due and payable sixty (60) days prior to the confirmed embarkation date.

## Cancellation

4. The Trainee may at any time prior to commencement of the Voyage cancel the Contract in which case:
  - a) if the cancellation occurs prior to a date sixty (60) days before the embarkation date, the Foundation will retain the non-refundable deposit but shall promptly refund all other monies paid on account of the Fare.
  - b) if the cancellation occurs subsequent to a date sixty (60) days before the embarkation date and prior to a date thirty (30) days before the embarkation date, the Foundation will retain any monies paid on account of the Fare not exceeding in the aggregate an amount equal to fifty per cent (50%) of the Fare.
  - c) If the cancellation occurs within thirty (30) days of the embarkation date, the Foundation will retain the non-refundable deposit and all other monies paid on account of the Fare.
5. The Foundation may at any time cancel the Contract if:
  - a) all monies due are not paid prior to 60 days before the voyage embarkation date and in this case all monies paid by the trainee will be forfeited to the Foundation.
  - b) for any reasonable cause, safety concerns or any unforeseen circumstances affecting the ship or its crew and which arise and are beyond the control of the Foundation and in such case the Trainee will be entitled to a full refund of all monies paid.
  - c) prior to embarkation, the medical conditions and other disclosures by the Trainee affect the suitability of the Trainee to go on a voyage. In such cases the Trainee would be entitled to a full refund of all monies paid by the trainee.
  - d) after embarkation the medical condition or behaviour of the Trainee necessitates that they have to be disembarked from the ship, and in such cases no refund is applicable.

## Transfer

6. Subject to availability, a Trainee may transfer to another voyage to a date thirty (30) days prior to original embarkation on the following conditions:
  - a) A \$100 Transfer Fee will apply per transfer.
  - b) The transfer may only be to another voyage of similar days.
  - c) The transferred voyage must commence within 12 months of your original voyage embarkation date.
  - d) The transfer is valid for only 12 months and cannot be transferred again.
  - e) Any increase in the fare between the original and transferred voyage will be payable by the Trainee.

## Health and Fitness

7. A Foundation voyage can be mentally and physically demanding and consequently a reasonable level of physical and mental fitness is required.

On board the trainee shall have the opportunity to be involved in all aspects of operating the ship. This may entail hard physical exercise involving balancing, lifting, pulling and climbing. The Trainee may also have the opportunity to be involved in rowing the ship's boats and engaging in shore-based activities. To ensure Trainees safety and enjoyment, it is essential that relevant Foundation staff be made aware of any medical or other conditions that may affect the participation in a Foundation program.

## Insurance

8. Although the Foundation has comprehensive insurance coverage, personal insurance is not included in the voyage fare. It is strongly recommended that Trainees arrange their own appropriate insurance.

9. The Foundation maintains comprehensive insurance coverage for the operation of the vessel but shall not be liable in respect of:

- a) Damage to any property or valuables; or the death, injury or sickness of any Trainee; howsoever caused.
- b) Any consequential or other loss of any kind arising directly or indirectly from the provision or non-provision of the Fare or voyage.
- c) Notwithstanding anything hereinbefore expressed or implied the Foundation shall in any event be entitled to the maximum protection allowed by law in respect of the liability of or any limitation on damages recoverable from Ship Owners.

## Privacy Act

10. The Foundation recognises the importance of Trainee privacy and is committed to protecting Trainee personal information. The Foundation's Privacy Policy complies with the Privacy Amendment (Private Sector) Act 2000. A copy of the Foundation's Privacy Policy is available from the Leeuwin office.

## Promotional Material

11. The Foundation reserves the right to take photographs or video footage of Trainees on the voyage and use those images for promotional purposes. The Trainees who do not wish for their image to be used must identify themselves to their Watch Leader at the commencement of the voyage.

## Voyage Itinerary

12. Every reasonable effort will be made to adhere to the advertised route and timetable but any route or port may be altered or omitted or times or dates changed for any cause which the Foundation and/or Master in their absolute discretion shall consider necessary.

## On Board

13. The Trainee may not bring on board any goods or articles of a dangerous nature or alcohol or drugs of any kind (other than for personal medication or the treatment or relief of minor personal ailments).

14. All voyages are smoke free i.e.: **SMOKING IS PROHIBITED.**

15. The Trainee agrees that the Foundation, the Master of "Leeuwin" ("Master") and each other servant or agent of the Foundation, shall have the benefit of all rights and exemptions contained in these conditions.

16. The Master shall have full direction and authority over Trainees during the course of the voyage. Trainees are expected to perform and observe all reasonable and lawful commands or directions of the Master or his delegate and to accept such on board duties as may from time to time be assigned to them by the Master or his delegate.

If it appears to the Master that the Trainee is for any reason whatsoever unfit to undertake or continue the voyage or likely to endanger his/her health or safety or endanger the health and safety of others on board, then the Foundation and/or Master shall be entitled at any time to take any of the following courses as appear appropriate at the time, namely

- a) to refuse to embark the Trainee;
- b) to disembark the Trainee at any port, or
- c) to confine the Trainee to a cabin.

If they acted as provided in this condition, neither the Master nor the Foundation shall be liable for any damage, loss or expense occasioned to or by the Trainee nor shall the Foundation be liable to make any refund of the Fare or part thereof.

17. The Foundation shall in no circumstances be liable in respect of consequential loss or damage, detention, delay or over carriage how so ever caused.

18. Any expenses not covered by the Fare which are reasonably incurred by the Foundation on board or at any port for and on behalf of the Trainee for (but not limited to) medical, hospital, surgical or similar treatment, hotel, transport and repatriation expenses shall be payable by the Trainee to the Foundation on demand.

19. In making arrangements for carriage by air, road or rail and for accommodation of trainees, the Foundation acts only as the agent of the Trainee and does so on the express condition that no liability of any kind howsoever shall attach to it in connection with or arising out of such arrangements.



# Participant Undertaking

FORM MUST BE COMPLETED BY THE VOYAGE PARTICIPANT  
(Please tick the appropriate boxes)

I, \_\_\_\_\_, understand that the Leeuwin:  
is a working ship and participants will be expected to take part in all activities  
operates under confined conditions

I, \_\_\_\_\_, pledge to:  
perform tasks as a member of a watch group  
attend all musters  
follow all crew and captain instructions.

Please explain why you want to participate in the Leeuwin Youth Explorer Voyage program and what you expect to get out of the experience.

Please give an example of when you have shown leadership in the past and why you want to further develop your leadership skills.

Please provide the contact details of a non-family member in your community who would be happy to serve as a reference for your application (may be contacted by the Leeuwin Ocean Adventure Foundation).

Name:

Telephone:

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

Voyage participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_