



VOYAGE APPLICATION & MEDICAL DETAILS

OFFICE USE ONLY:

Medical Y / N
Missing Info Y / N Provided Y
Pickup (other than Guardian) Y / N
DLGC Region _____

Please complete this form and return to office@sailleeuwin.com
PO BOX 1100, Fremantle WA 6959 P | 08 9430 4105 F | 08 9430 4494

1. VOYAGE DETAILS

Voyage Number: _____ Voyage Departure Date: _____

TIP: You can find our voyage schedule online www.sailleeuwin.com

2. PARTICIPANT DETAILS

Title: M F Diverse Gender Identity

First Name: _____ Surname: _____

Address: _____ Suburb: _____

State: _____ P/C Phone: _____

Email: _____ Mobile: _____

TIP: Print clearly in bold letters, all prevoyage correspondence will be sent via email.

Age at start of voyage: Years Months DOB: / /

Do you identify as Indigenous Australian Y N or Torres Strait Islander? Y N

Country of Birth Australia English speaking country Other Country
UK, NZ, USA, Ireland, Canada or South Africa Please specify _____

What is your main language spoken at home? English Other Please specify _____

3. SHORE CONTACT - In case of emergency

Surname: _____ First Name: _____

Address: _____ Suburb: _____

State: _____ P/C Phone: _____

Email: _____ Mobile: _____

Relationship to participant: _____ Gender: M F

4. SCHOOL, UNIVERSITY OR WORKPLACE

I attend School I attend University I am employed Other

Name of School, University or Workplace? _____

TIP: If you are employed or not in education, skip to section 5

What year are you currently enrolled in? _____

School or University Contact: _____

Their contact details: Phone: _____ Email: _____

Most Leeuwin Voyages are an endorsed program by the School Curriculum & Standards Authority,
do you plan on earning 1 unit towards WACE? Y N

TIP: This is applicable to all Youth Explorer Voyages and Career Challenge. To learn more about WACE, visit www.sailleeuwin.com/voyages/voyage-outcomes/.

5. DIETARY REQUIREMENTS

TIP: This section refers to medical allergies, not preferences/likes or dislikes. The ship is unable to provide individual meal plans however gladly cater for vegetarians, lactose intolerance and gluten free conditions.

I am Vegetarian Lactose Intolerant Gluten Free

Please provide further details: _____

6. MEDICAL INFORMATION

Do you have or ever had the following conditions:

Abnormal response to heat/cold	Y	N	Head injury/concussion	Y	N
Aggression issues	Y	N	Heart or circulatory disorder	Y	N
Allergies - Drugs	Y	N	Haemophilia or bleeding problem	Y	N
Allergies - Food	Y	N	Hepatitis	Y	N
Allergies - Bites	Y	N	Hernia	Y	N
Anaemia	Y	N	HIV/AIDS	Y	N
Arthritis or rheumatism	Y	N	Impaired hearing	Y	N
Asthma/breathing difficulties	Y	N	Impaired movement	Y	N
Autism	Y	N	Kidney or bladder problems	Y	N
Anxiety or Depression	Y	N	Learning difficulties	Y	N
Behavioral problems/ADD/ADHD	Y	N	Loss of balance/coordination	Y	N
Blood disorders/leukaemia	Y	N	Memory/attention problems	Y	N
Bone or joint injury	Y	N	Mental disability	Y	N
Cerebral Palsy	Y	N	Mental illness	Y	N
Claustrophobia	Y	N	Osteomyelitis	Y	N
Dependence on any substances	Y	N	Physical disability	Y	N
Diabetes (Type 1)	Y	N	Pregnant - <i>currently</i>	Y	N
Diabetes (Type 2)	Y	N	Speech difficulty	Y	N
Eating Disorder	Y	N	Spinal injury/disorder	Y	N
Epilepsy/fits/convulsions	Y	N	Thyroid disorders	Y	N
Eye disease/vision impairment	Y	N	Tuberculosis	Y	N
Fainting/blackouts	Y	N	Vertigo	Y	N

OTHER (provide details)

If you have ticked YES to any of the above we require more details (effects of the condition, medication and management, list dates of the condition, include whether the condition is current or past, whether it may be of any concern during the voyage). TIP: Feel free to attach an additional sheet if required.

CONDITION	DETAILS OF THE CONDITION AND ANY OTHER RELEVANT MANAGEMENT ISSUES

Will you bring any medication with you on the voyage? Y N

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

DRUG	REASON FOR MEDICATION AND DOSAGE INFORMATION

TIP: All prescription medication are to be given to the Chief Officer upon boarding.

Will seasickness affect this medication? Y N

Swimming Ability: I am unable to swim I am able to swim 50m I am able to swim over 50m

Blood Type: (*optional*) Height: Weight (KG): Shirt Size: S M L XL

7. MEDICAL PRACTITIONERS CONTACT INFORMATION

TIP: If you answered YES to any of the questions in Section 6, you *must* provide your Medical Practitioners details below.

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

Doctors Name: Praticice:

Address: Suburb:

P/C: State: Phone:

8. TRAVEL ARRANGEMENTS

TIP: If a participant is under 18, they will require a permission slip for alternative transport arrangements if a parent / guardian is unavailable.

Metropolitan Participants:

I understand that participants are responsible for their own transport to the ship prior to its departure and from the ship follow its arrival. Y

Regional Groups:

We value the high percentage of regional participants who come on board the ship. If a group of four or more are arriving via train, bus or plane, a pick-up may be available. This will need to be discussed with the office prior to booking a ticket.

I will be dropped off by a parent or guardian Y

I will be arriving by train, bus or plane and making my own way to the ship departure point Y

I will be in a group of four or more and arriving by train, bus or plane and require a pick up Y

9. PAYMENT AND/OR FUNDING DETAILS

I am paying my full fare I would like to join the Fund Yourself Program for assistance Y N

I have received a scholarship Scholarship Name:

My scholarship is a full scholarship

My scholarship is a part-scholarship and I will be paying the gap payment of \$

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):

CHEQUE made payable to Leeuwin Ocean Adventure Foundation
DIRECT DEPOSIT reference your last name and voyage number
Bankwest Fremantle: BSB: 306 011 Account: 543 933 6
CREDIT CARD

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 of:

25% of the voyage fare **100% of the voyage fare** **Other** (scholarship gap paymentd detailed above)

TIP: Please give me a call to confirm before taking payment Y

SIGNATURE:

The Leeuwin Foundation is proudly supported by:



The Youth Explorer Voyage Program is endorsed by:





DECLARATION & PARTICIPANT UNDERTAKING

This form must be completed by the voyage participant
(Please tick the appropriate boxes)

DECLARATION

I,

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

Agree that if my medical condition change before joining the ship, I will notify the Leeuwin office.

Authorise the Leeuwin Bookings 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.

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

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

PARTICIPANT UNDERTAKING

I,

, understand that the *STS Leeuwin II*:

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

acknowledge and accept that smoking is prohibited on any voyage.

Please explain why you want to participate in the Leeuwin Voyage program and what you hope 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.

PARTICIPANT SIGNATURE:

DATE:

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

PARENT OR GUARDIANS SIGNATURE:

DATE:

Name of Guardian

Relationship to participant

BOOKING, PAYMENT AND GENERAL CONDITIONS

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

Contract

The contract is between the Pax and the Foundation and shall be formed on confirmation by or on behalf of the Foundation of the Pax'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.

Pax Fare and Payment

1. The Pax 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 Pax 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 Pax 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 Pax will be entitled to a full refund of all monies paid.
 - c) prior to embarkation, the medical conditions and other disclosures by the Pax affect the suitability of the Pax to go on a voyage. In such cases the Pax would be entitled to a full refund of all monies paid by the Pax.
 - d) after embarkation the medical condition or behavior of the Pax necessitates that the Pax has to be disembarked from the ship, no refund is applicable.

Transfer

6. Subject to availability, a Pax 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 the same or more 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 Pax.

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 Pax 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 Pax may also have the opportunity to be involved in rowing the ship's boats and engaging in shore based activities. To ensure Pax safety and enjoyment it is essential relevant Foundation staff be made aware of any medical or other conditions that may affect the Pax's 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 Paxs 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 Pax; 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 the Ship Owners club.

Privacy Act

10. The Foundation recognises the importance of Pax privacy and is committed to protecting Pax 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 Paxes on the voyage and use those images for promotional purposes. The Paxes 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 of Leeuwin (mate) in their absolute discretion shall consider necessary.

On Board

13. The Pax 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 Pax agrees that the Foundation, the 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 Paxes during the course of the voyage. Paxes 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 Pax 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 Pax;
 - b) to disembark the Pax at any port, or
 - c) to confine the Pax 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 Pax 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 Pax for (but not limited to) medical, hospital, surgical or similar treatment, hotel, transport and repatriation expenses shall be payable by the Pax to the Foundation on demand.

19. In making arrangements for carriage by air, road or rail and for accommodation of Paxes, the Foundation acts only as the agent of the Pax 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.