

# VOYAGE APPLICATION - GENERIC & Medical Check Form



**LEEUWIN**  
Ocean Adventure Foundation

Please complete and email to [office@sailleeuwin.com](mailto:office@sailleeuwin.com)  
or send to PO BOX 1100, Fremantle WA 6959

For more information: [www.sailleeuwin.com](http://www.sailleeuwin.com)

<b>OFFICE ONLY</b>	Medical	Y	
	Missing Info	Y	▶ Provided Y
	Received:	_____	
	Approved:	_____	
	Emailed:	_____ / _____	
Entered:	_____		

## 1 VOYAGE DETAILS

Number: \_\_\_\_\_ Departure Date: \_\_\_\_\_

## 2 PARTICIPANT DETAILS

Gender:                      M                      F                      Diverse Gender Identity

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ P/C \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

What is your main language spoken at home?                      English                      Other: \_\_\_\_\_

## 3 EMERGENCY (SHORE) CONTACT DETAILS

First Name \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to participant:                      Mother                      Father                      Other: \_\_\_\_\_

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

## 4 SCHOOL, UNIVERSITY OR WORKPLACE DETAILS

▶ I attend                      School                      University

Name of school or university: \_\_\_\_\_

What year are you currently enrolled in: \_\_\_\_\_

School or university contact person name: \_\_\_\_\_

Contact person phone: \_\_\_\_\_ Email: \_\_\_\_\_

Most Leeuwin Voyages\* are programs endorsed by the School Curriculum & Standards Authority.

Do you want your voyage recorded on your academic transcript (end of year 12):                      Y                      N

\* Learn more about WACE and the benefits of Leeuwin voyages on [www.sailleeuwin.com/vooyages/vooyage-outcomes](http://www.sailleeuwin.com/vooyages/vooyage-outcomes)

▶▶ I am employed                      Y                      N

Name workplace: \_\_\_\_\_

## 5 DIETARY REQUIREMENTS

This section refers to medical allergies, not preferences/likes or dislikes.

I am                      vegetarian                      lactose intolerant                      gluten free

Please provide any additional details: \_\_\_\_\_

## 6 MEDICAL INFORMATION

STS Leeuwin II is a working ship requiring us to assess if you are fit to take part in a voyage.

Your swimming ability: I can't swim I can swim 50m I can swim over 50m

Your height: \_\_\_\_\_ Your weight (KG): \_\_\_\_\_

Please tell us if 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
Anaphylaxis *	Y	N	Impaired hearing	Y	N
Arthritis or rheumatism	Y	N	Impaired movement	Y	N
Asthma/breathing difficulties *	Y	N	Kidney or bladder problems	Y	N
Autism	Y	N	Learning difficulties	Y	N
Anxiety or depression	Y	N	Loss of balance/coordination	Y	N
Behavioral problems/ADD/ADHD	Y	N	Memory/attention problems	Y	N
Blood disorders/leukaemia	Y	N	Mental disability	Y	N
Bone or joint injury	Y	N	Mental illness	Y	N
Cerebral Palsy	Y	N	Osteomyelitis	Y	N
Claustrophobia	Y	N	Physical disability	Y	N
Dependence on any substances	Y	N	Pregnancy	Y	N
Diabetes (Type 1)	Y	N	Speech difficulty	Y	N
Diabetes (Type 2)	Y	N	Spinal injury/disorder	Y	N
Eating Disorder	Y	N	Thyroid disorders	Y	N
Epilepsy/fits/convulsions	Y	N	Tuberculosis	Y	N
Eye disease/vision impairment	Y	N	Vertigo	Y	N
Fainting/blackouts	Y	N	Other: _____		

If you have ticked YES to any of the above, please fill out sections 6<sup>1</sup> and 6<sup>2</sup> If you did not tick YES, go to 7

6<sup>1</sup> ABOUT YOUR MEDICAL CONDITION: 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.

CONDITION	DETAILS OF THE CONDITION AND ANY OTHER RELEVANT MANAGEMENT ISSUES

\* For anaphylaxis and asthma conditions, an Action Plan is required.

DRUG	REASON FOR MEDICATION AND DOSAGE INFORMATION

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

To your knowledge, will seasickness affect this medication? Y N

6<sup>2</sup> MEDICAL PRACTITIONER CONTACT DETAILS: 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: \_\_\_\_\_

## 7 TRAVEL ARRANGEMENTS

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 I am responsible for my own transport to (departure) and from (arrival) the ship Y

### ▶▶ REGIONAL PARTICIPANTS AND GROUPS

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

\*If a group of four or more are arriving via train, bus or plane, a pick-up could be organised. Contact us prior to booking a ticket.

## 8 PAYMENT / FUNDING DETAILS

▶ I am paying my full fare Y N

▶▶ I have received a sponsorship Y Sponsorship name: \_\_\_\_\_

▶▶ My sponsorship covers the full fare Y N

▶▶▶ I will pay for the sponsorship gap of \$ \_\_\_\_\_

Being involved in raising yourself the fund for your Leeuwin voyage is the best way to boost your skills. And we are here to help. Contact us.

I need assistance to raise fund Y ▶ For the full fare Y ▶▶ For sponsorship gap Y

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

## PAYMENT METHOD

By Cheque (Made payable to Leeuwin Ocean Adventure Foundation)

Or by Direct Deposit (Make reference of your last name and voyage number)

Branch: Bankwest Fremantle • BSB: 306 011 • Account: 543 933 6

Or via 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 payment of:

25% of voyage fare

100% of voyage fare

Sponsorship gap fare of

I want the Leeuwin Foundation to contact me before taking payment Y

Signature \_\_\_\_\_ 

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

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 FOR VOYAGE CONTRACT

I, \_\_\_\_\_

Have read and accept the terms and conditions of this Voyage Contract, including booking, payment and general conditions. See final page for Terms and Conditions

Agree to notify the Leeuwin office if my medical condition was to change before boarding the ship.

Authorise the Leeuwin Foundation to contact my medical practitioner or specialist if required.

Give permission for Medical Officer or crew on board, and during the voyage, to administer First Aid or medical treatment as necessary.

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 STS Leeuwin II

Is a working ship where participants are expected to actively engage in all activities.

Operates under confined conditions.

I, \_\_\_\_\_, while on-board, pledge to

Perform tasks as an active member of a watch group.

Attend all musters.

Follow instructions from all crew and captain.

Acknowledge and accept that smoking is prohibited on-board.

**As an aspiring shipmate**

❶ Tell us why you want to participate in a Leeuwin Voyage?

---

---

❷ Tell us what you hope to get out of the experience?

---

---

❸ Give an example when you think you have shown some leadership in the past.

---

---

❹ Tell us why you want to further develop your leadership skills?

---


---

Participant signature \_\_\_\_\_  Date: \_\_\_\_\_

If you are under 18 years old, a parent or guardian signature is required in addition to yours.

Name of parent or guardian: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Parent or guardian signature \_\_\_\_\_  Date: \_\_\_\_\_

## 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 Pax 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 Pax on the voyage and use those images for promotional purposes. The Pax 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 Pax during the course of the voyage. Pax 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 Pax, 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.